NURSES' EXPERIENCES OF CREATING AN ARTISTIC INSTRUMENT FOR THEIR NURSING PRACTICE AND PROFESSIONAL DEVELOPMENT: AN ARTS-INFORMED NARRATIVE INQUIRY

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ABSTRACT

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My passion for the arts as a medium motivated me to create an art piece (artistic instrument) to enrich my nursing practice. This inspired me to explore how other nurses experience creating their own artistic instruments and what meaning these held for their nursing practice and professional development. In this arts-informed Narrative Inquiry, two participants engaged in a narrative interview and in the Narrative Reflective Process, an artistic approach to creative reflection. Participants' stories were re-constructed and analyzed using the Narrative Inquiry three-dimensional space (temporality, sociality, and place), and examined through the theoretical lens of Patterns of Knowing. Findings revealed six narrative threads (empathy, quality of life, communication, power imbalances, and personal as well as professional development) highlighting the importance of person-centered care, the value of reflective practice, and the need for further research exploring the use of arts by healthcare providers across diverse educational and practice based settings.

ACKNOWLEDGEMENTS

The process of completing my thesis has been a learning experience full of creativity, mindfulness, determination, and commitment. I am thankful I had the opportunity to integrate my interest in arts and utilize it to reflect and raise awareness to nursing practice. I hope to encourage, educate, and support others reading my thesis.

In My Personal Life

I would like to thank my *family and friends* for their continuous support, encouragement, and prayers throughout my Master of Nursing program and in completing my research study.
I am appreciative for my *fiancé* who has been patient, understanding, and encouraging throughout my personal and professional endeavors.

In My Professional Life

A heartfelt thank you to *Leonette Georges,* a nursing colleague and mentor who recognized the potential in my work and provided me with the guidance, support, reassurance, and opportunity to share my artistic instrument with nursing students and graduate nurses.

Thank you to the *nursing students, graduates, and colleagues* for their enthusiasm, attentiveness, participation, and constructive feedback that motivated me to pursue a thesis related to the arts in nursing.

I am thankful to my *thesis supervisor* Dr. Jasna K. Schwind for her level of expertise and knowledge of arts-informed Narrative Inquiry, as well as her commitment to providing me with her time, thoughtful and thought-provoking feedback, and mentorship that assisted me in my personal and professional growth as a graduate student, narrative researcher, and nurse.

Moreover, I am thankful to the *first Narrative Inquiry researchers*: Dr. Michael Connelly and Dr. Jean Clandinin for developing a practical methodology that resonated with me as it provided me with plentiful insight into significant experiences that can be explained in a creative, genuine, and scholarly manner.

My sincere thank you to *committee members*: Dr. Jennifer Lapum and Dr. Lori Schindel Martin for devoting the time, attentiveness, and valuable feedback to my work.

To my *research participants*, Piano and Funnel: despite both of your busy work and school schedules, I sincerely appreciate your involvement, commitment, and cooperation to participate in creating your own artistic instrument. Although a new concept to you both, you remarkably constructed stimulating art pieces that provided great insights to essential practice-related concepts.

Last but not least…

"Verily, in the remembrance of God do hearts find rest." Quran 13:28

"God always has something for you,
A key for every problem,
A light for every shadow,
A relief for every sorrow,
And a plan for every tomorrow."
Unknown

(Lane, 2010)

DEDICATION

I dedicate this thesis to my parents, two incredible people who always stand by me and provide me with unconditional love, support, and encouragement in all my aspirations. I want you both to know that I am and will continue to be grateful for everything you have done for me.

I would also like to dedicate this thesis to the rest of my family members who have provided me with the support and prayers to enable me to reach towards my potential.

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PROLOGUE

The Artist Canvas: Symbols and Images Begin to Unfold

"A Picture is Worth a Thousand Words"

Napoleon Bonaparte (Brainy Quotes, 2001)

Join me on a journey as I work in a pediatric hospital and strive towards building meaningful connections with my patients, their families, and my nursing colleagues. Caring for children and their families in an acute healthcare setting leads to several thoughts, emotions, and insights that continuously flow in my mind. Through multiple conversations with my patients and their families, I realize we all embark on our own journeys.

As a novice nurse I became interested in patients living with Cystic Fibrosis (CF), a multi-organ disorder that mainly affects the lungs and the digestive system (Marshall-Henry, Nugent, Perlikan, Saxton, & Vernon, 2003). Patients with CF need to undergo several treatments daily in order to live. At a young age, my patients need to grasp the concept of responsibility, commitment, and obtain a sense of discipline by staying on top of their daily regimen (e.g. taking enzymes before and after most of their meals, and ensuring airway clearance by completing nebulizer masks and physiotherapy treatments). While caring for patients with CF, I felt that something was missing. The care I was providing became repetitive, systematic, and very task-oriented. It was evident to me that other components of patients' lives were sometimes overlooked (i.e. social aspect, emotional well-being, challenges, recognition of progress, commitment to treatment measures, etc.).

Engaging in arts has always been my passion, which has helped me to express emotions and gain a deeper connection to the world around me. For me, visual images tell stories, as they

involve symbolic representations that hold subjective meanings and values for different individuals. As I worked with children struggling with CF, images and symbols frequently flashed into my mind. For example, I started to think of wavy hair in the shape of DNA strands (Figure 1) and lungs that were surrounded with spiders (Figure 2).

Figure 1. DNA Strands within Hair

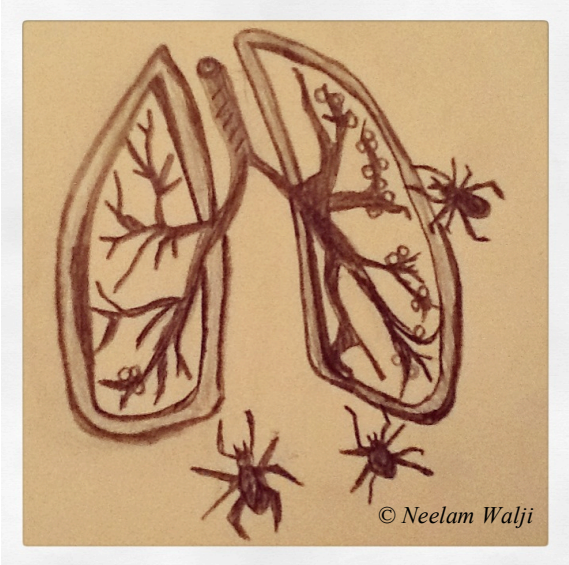

Figure 2. Lungs Surrounded by Spiders

At this point these images and symbols seemed meaningless, similar to a surreal dream. Yet, over time they helped me understand my patients, allowing me to explain and share my knowledge of CF with them. With my growing interest in patients with CF, I started to attend conferences, watch relevant videos, and volunteer for events held by the CF organization. As time progressed, I began looking beyond the medical aspects of care, such as medication administration. I started instead to make time to engage in conversations with my patients and their families. I visualized a breath of air filled with words representing the vast components (concerns) of patients' lives (Figure 3).

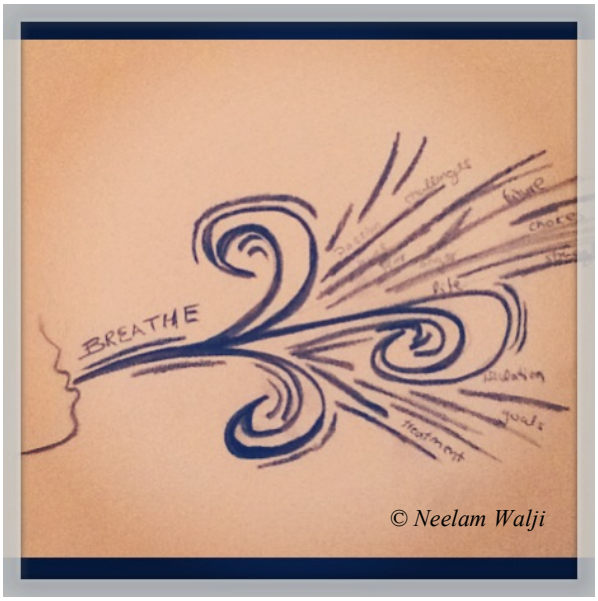

Figure 3. Breath with Words

I started to reflect more deeply on our shared conversations and acknowledged the challenges patients living with CF face on a daily basis. I decided to take all these images and symbols (Figure 1, 2, 3) to construct a reflective art piece, which I refer to in this thesis as my artistic instrument (Figure 4).

Figure 4. My Artistic Instrument: Cherish Every Breath, Live Every Moment

Once I constructed my artistic instrument, I began to share my experience with nursing colleagues and students. I explained the symbolic representation of the images I chose to represent CF. I also talked about the journey I was on to become more mindful of how patients experience their young lives with CF. My conversations with peers and students began to deepen, sharing reflective stories that were both personal and professional. One experience that remains with me is a statement made by a new graduate nurse, "Before entering any patient's room with the diagnosis of CF, your image comes to my mind." She later mentioned that this helped her look at the bigger picture of patient care.

Through facilitated discussions and positive feedback I started to appreciate the value of the arts and the importance of reflective practice (for myself and others). The outcomes of sharing my art piece with nurses allowed me to introduce concepts relating to patients with a chronic illness, promote discussion about health, stimulate critical thinking, build on existing knowledge, encourage reflection, and most importantly increase nurses' awareness of patients living with CF.

A quote by Jennifer Gayle (2013) that I had read before my journey began, took on a new meaning for me, "Seeing the light in others, helps them to find the light in themselves." I observed that by sharing my experience with others I had grown personally and professionally. Personally, I became more mindful of what is important to me in caring for patients and their families. Professionally, I became more involved in activities that furthered my professional development (i.e. attending conferences, applying for abstracts for poster presentations, gaining an interest in research development, and attending classes related to innovative ideas etc.). Moreover, I developed an interest in exploring the use of the arts in healthcare with a focus on the 'arts in nursing'. My journey has now brought me to my Master's of Nursing (MN) program

and this study. Consciously or unconsciously, I believe symbols and images continuously flash in and out of our minds, just as we all experience dreams that are not always recollected. By guiding nurses in creating their own artistic instruments, it is my hope that this opportunity draws awareness to their symbols and images, thereby imparting meaningful connections to their individual nursing practice and for their professional development.

The above reflection demonstrates how I arrived to where I am now, engaging in a formal qualitative study as a part of my MN program. Throughout this thesis I use various *metaphors*. Metaphors are frequently used in qualitative research, particularly in Narrative Inquiry (Carpenter, 2008; Schwind, 2009). Metaphors are used to examine and/or portray a phenomenon in an imaginative and unique manner (Carpenter, 2008). To ensure clarity of the term metaphor I provide a definition. Websters' define metaphor as "a word or phrase for one thing that is used to refer to another thing in order to show or suggest that they are similar" (Merriam-Webster Online Dictionary, 2013). According to Carpenter (2008) and Schwind (2009), the use of metaphors helps us explore and attain a meaningful understanding of an experience. Furthermore, through metaphors we can build new understandings on our previous personal and professional experiences (Schwind, 2009). The overarching metaphor for my thesis is an artist creating images and symbols on a canvas. As the researcher, I am the artist and my thesis text is my canvas.

In the methodology of Narrative Inquiry, which will be further explained in Chapter Four, the inquiry process is collaborative and is ever-changing (Clandinin & Connelly, 2000; Creswell, 2013). In Narrative Inquiry researchers not only find direction from participants' stories but spontaneously find themselves reflecting on their own experiences, which sets them into various directions (past, present, and future) and roles (co-participant and researcher) as the

research process unfolds (Clandinin & Connelly, 2000). Therefore, I have chosen to *italicize* the font when writing my reflections. The font remains non-italicized Times New Roman for my researcher voice.

When looking at the bigger picture of the format of my thesis, I envision it as the Droste Effect also referred to as *mise en abyme*. This is a visual effect whereby a picture consists of a smaller picture (Leys, 2007; Wagner, 2011). This technique can continue on endlessly. It is not only associated with a mirror reflection, but can also be used to anticipate what is to come (Wagner, 2011). A way to create this effect is to take two mirrors and face them together; stepping between the mirrors the image is replicated ad infinitum. Therefore, I also envision my thesis as this mirror, whereby thoughts of my personal-self lead me to look into my nurse-self, which then reflect into, and inform, my researcher-self (Figure 5). Through this reflective process, I was able to gain awareness into the many layers of who I am and continue to become. I gain insight into my own nursing practice and my professional development. Now, as nurse-researcher conducting this study, I continue to inquire into and reflect on my life experiences as I engage in conversations with my participants.

Figure 5. My Droste Effect: Personal-Self, Nurse-Self, and Researcher-Self

My intention for this inquiry is to guide the reader, through the Droste Effect into my creative journey as it transforms into research; thus illustrating my participants' experiences of creating their respective artistic instruments. I would like to encourage the readers to look into the many layers of who they are and continue to become by exploring their own creative self-expression, perhaps enticing them to embark on their own exploratory journey.

My Artistic Instrument

Before I start with the chapters of my thesis, I provide an explanation of my own artistic instrument. This is a term that I have selected to describe my artwork and the artwork created by study participants. To me this means an innovative creation that involves any medium of art, which portrays a particular concept (in this case, the concept relates to health). This creation requires reflection, deep thought, knowledge, and ideas that hold personal and/or professional meaning to the individual who has created the artwork. The term *instrument* in artistic instrument has been selected as this creation can be utilized for various purposes, which is dependent on the individual who has created the artwork, and the meaning her/his work holds to her/him personally and/or professionally (i.e. personal reflections, teaching purposes etc.). Therefore, one's artistic instrument is variable depending on one's experiences and personal/professional growth. For example, initially my own artistic instrument was used as a means for my own personal reflective practice, which then led to using my work for teaching nursing students and nursing colleagues to encourage communication about CF. Over time, my artistic instrument allowed me to grow professionally. For this thesis, I am utilizing my artistic instrument to provide an opportunity for other nurses to create their own artistic instruments, which may help them embark on their own personal and professional journey.

Just like the artistic instrument is used in provision of patient care, so too I see my peers and myself as instruments-of-care (Schwind et al., 2012), we are there in service of patients. As nurses we implement different patterns of knowing (Carper, 1978a; Carper, 1978b; Chinn & Kramer, 2011) to support patients and their families in dealing with illness.

My artistic instrument was created in honour of children who battle CF every day of their lives. Having the opportunity to be involved in their care, to see and only imagine a little part of what they go through daily gave me the inspiration to bring this to the awareness of nursing students and new nursing staff.

Cystic Fibrosis is a genetic disease often referred to as '65 Roses', commonly used as a synonym for young children, as it is easier to pronounce (Cystic Fibrosis Canada, 2011). One of the most common inherited fatal genetic disease primarily affecting the digestive system and lungs; it is a non-contagious progressive disease (Cystic Fibrosis Canada, 2011). Normal mucus is usually thin and slippery, however the mucous of patients with CF is very sticky, thick, and clogs tubes within the lungs making it difficult for them to breathe (Cystic Fibrosis Canada, 2011; The Hospital for Sick Children, 2009). Consequently, patients frequently have a build-up of mucus, making it easier for the lungs to collect and trap bacteria leading to ongoing infections, swelling, and damage to the lung tissues (Cystic Fibrosis Canada, 2011). Individuals with CF are vulnerable to germs and are at a risk of frequent infections, for this reason it is necessary for them to attend regular clinical check-ups and unfortunately will experience frequent hospital admissions (Cystic Fibrosis Canada, 2011; The Hospital for Sick Children, 2009). To date there is no cure for CF, although research has come a long way in slowing the progression of the course of this disease; hence, a disease that was once known to have a high infant mortality is

currently one that has individuals living into their thirties and beyond (Cystic Fibrosis Canada, 2011).

Motivation, courage, strength, and determination are only some of the traits patients with CF possess. Through their dedication to live each moment at a time, through the series of treatments they must undertake, and through the countless concerns they must undergo, they give me the determination and hope that one day the cure will be found.

I am inspired to join patients living with CF on their ongoing quest to add more quality to their lives. I encourage others to broaden their own perspectives of individuals living with a chronic illness. I have provided an explanation of each symbol and image incorporated within my artistic instrument (Appendix A) and invite the reader to interpret her/his own emergent meanings for themselves.

CHAPTER ONE

PURCHASING A NEW CANVAS

Introduction: A New Journey Unfolds

When I think back to the time of constructing my artistic instrument, I realize my creation process did not start immediately. From the moment I purchased my canvas to the time I collected my art supplies, I would periodically stare at the blank canvas laying in my room. Although my creative process was not physically apparent on my canvas, my thought process had already begun the minute my canvas was purchased.

Similarly, when I started my new journey as a graduate student, I recognized the need to purchase another canvas. Several thoughts flowed in and out of my mind, yet my new canvas remained blank. This time period of thinking and reflecting is strikingly similar to the early stages of my thesis work: presenting the concept of arts in nursing, outlining the purpose and research question of my study**,** and providing an overview of how my new journey would unfold.

Nursing is frequently defined as both an art and a science, with the latter taking precedence (Price, Arbuthnot, Benoit, Landry, & Bulter, 2007). Historically, both have been represented as two different fields of study coming together within nursing. The focus was on science-based nursing, with a common belief that the only valid knowledge is one that is based in empirics, descriptive observations, and that can be generalized (Carper, 1978a; Carper 1978b). There appears to be a reluctance to accept knowledge that is not a result of empirical investigation, which leads us to draw our attention to the concept of *arts in nursing.* It is important to realize that both fields (the science and the art) are essential to nursing education, practice, and research (Price et al., 2007).

Art is a concept that is defined in diverse ways within the literature. In this study, I draw upon the work of Chinn and Kramer (2011) to define art. According to these researchers, art is an expression of knowledge that is tangible and concrete. This includes creative mediums that can be utilized and expressed in different forms, such as drawing, photography, paintings, dance, poetry, sculpting, and music. Chinn and Kramer continue to elaborate on the meaning of art, which can be viewed as a *process* that involves various skills in the mechanical and technical features of working with numerous elements to create a product. Additionally, art can be understood as a *product* of combining several elements together, stimulating a response that involves one's experience and/or perceptions (Chinn & Kramer, 2011). Art is subjective and generates meanings for individuals observing, creating, and interpreting the artwork. In this way, art can create responses that deepen an experience and generate diverse interpretations.

Art encourages individuals to engage in creative processes, those that explore the use of imagination, creativity, and deep emotions. Art can also produce numerous benefits and meaningful outcomes; it reveals expressions of one's inner emotions, empowers others to gain a rich understanding of situations, enhances communication, and most importantly provides a meaningful connection to one another and the world around us (Chinn & Kramer, 2011; Price et al., 2007; Whitman & Rose, 2003). Therefore, blending both science and art can be beneficial to healthcare providers practice and for their professional development.

Statement of Study Purpose

To explore, using arts-informed Narrative Inquiry, the process of how nurses experience creating their artistic instruments and the meaning this holds to their nursing practice and professional development.

Research Question

How do nurses experience creating an artistic instrument to assist them in providing nursing care to their patients? The sub-question is: What meaning do nurses ascribe to their artistic instrument in relation to their nursing practice and for their professional development?

My Thesis Journey Unfolds

As this thesis develops, the reader will notice I play a dual role, as an artist and a researcher. While I undertake my research journey, I am often reminded of myself as an artist painting symbols and images onto a canvas. Thus, at the beginning of each chapter, I reflect on my experiences of an artist, which, in turn, becomes the metaphoric structure for that step of my thesis inquiry.

Purchasing a canvas is the first step in constructing a painting as it gives me an idea of the size and the supplies necessary beforehand (Chapter One). Now that a canvas has been purchased, I must collect the materials necessary and engage in an important process of gathering my background information. This leads into Chapter Two, where I synthesize and discuss the literature associated with arts in healthcare, nursing education, and practice. The literature focuses on significant concepts of personal and professional development, as well as reflective practice.

In Chapter Three, I must carefully select colors for my palate. This provides the visual foundation of the art piece. Similarly, as a researcher, I explicate the theoretical framework, Patterns of Knowing (Carper, 1978b; Chinn & Kramer, 2011), which informs my study.

In Chapter Four, I must cautiously select a paintbrush, an essential tool that is carefully chosen for the purpose of the artistic creation. This mirrors my process of selecting the

methodological approach, arts-informed Narrative Inquiry, for my study and how I implement it in order to answer my research question.

In Chapter Five, all the necessities to begin the creation process are in place. I have a general idea of the symbols and images to incorporate onto my canvas. However, I engage in a more refined brainstorming process, thus sketching out a blueprint to represent the steps to construct my artistic creation. Similarly, I discuss the study design: participant recruitment, data collection and analysis. I also outline rigour and reflexivity, as well as the ethical considerations I apply to my study.

In Chapter Six, I paint the symbols and images onto my canvas, which begin to generate deeper reflection. Correspondingly, these symbolic images represent study participants and their stories of experience. As I analyze and re-tell their stories, I start to develop a greater meaning as a co-participant (personal-self and nurse-self) and as a nurse-researcher.

In Chapters Seven and Eight, I carefully ensure the final art piece does not require any further refinements. Similarly, I draw my attention to participants as they each share stories of creating an artistic instrument.

In Chapter Nine, I re-visit my process as an artist and its parallel to my journey as a researcher. Looking at my entire study experience, I expand on the knowledge gained in the context of the greater whole and provide considerations for integrating arts within the healthcare system relating to education, practice, and research.

Lastly, I end my thesis with an epilogue in the form of a reflection revealing my metaphor of Self-As-Instrument of Care. I also describe how my journey developed through participants and how my patterns of knowing became enriched through this study experience.

CHAPTER TWO

GATHERING MY SUPPLIES AND COLLECTING INFORMATION

Literature Review and Synthesis

While my canvas awaits my creative expression, I start to reflect on my past and current nursing knowledge and experience. I think back to my journey of becoming a nurse, where this journey has led me now, and what is in store for my future. My reflection leads me into deeper thoughts, feelings, and emotions. I try to connect and find meaning to my past and present experiences. I reflect back to my areas of interest, personally and professionally, and think of ways I will connect and bring my creative ideas together. I understand that this process requires a lot of patience, time, and devotion. I realize that I must gain more knowledge and insight into the area of study I have chosen, hence, I begin to explore and review relevant literature.

This chapter outlines the literature review and synthesis of arts in healthcare, nursing, and education. I also discuss the area of arts related to reflective practice and professional development. Throughout this chapter I address the gaps within the literature and how my study may inform the integration of arts within the healthcare system.

As I progress on my journey, I begin searching for relevant information related to my area of interest. Specific examples of beneficial outcomes with the use of arts in healthcare, nursing, and education have been integrated. Within the literature, arts have been used for reflective practice. Therefore, I focus on two specific areas of the utilization of arts as a medium: first, I discuss the purpose of reflective practice to support professional development and second, I outline the benefits of using art to one's personal and professional development. I then conclude this chapter with the challenges identified in using the arts as a medium.

The Use and Outcomes of Arts within Healthcare

Since 1970, the arts have been used in healthcare primarily related to therapeutic uses, it was not until 1990 that the arts were introduced to health research (Cox et al., 2010). Arts within health research were developed and supported in various countries, these include: United Kingdom, United States of America, Australia, and Canada (Coles & Knowles, 2008; Cox et al., 2010).

Individuals involved in the healthcare system (patients, families, and healthcare providers) have recognized the usefulness and outcomes of arts-informed research (Cox et al., 2010; McCaffrey & Purnell, 2007; Pabolos-Mendez & Shademani, 2006; Parsons & Boydell, 2012). Research involving the arts has shown to influence various dimensions of health and illness, thus encouraging cross-disciplinary collaboration (i.e. social and health care). Furthermore, the uses of arts have offered innovative ways to communicate research findings. As previously mentioned, the arts evoke emotional responses as well as promote dialogue and the sharing of stories from personal and/or professional experiences (Parsons & Boydell, 2012). The use of arts can be viewed as a non-linear, creative, and flexible way of promoting the interaction of individuals and communities, allowing them to learn together and discuss public health issues, resulting in changes to current and future healthcare practices (Pabolos-Mendez & Shademani, 2006). The arts have been recognized to generate healing, foster communication, and are beneficial when used for therapeutic interventions (McCaffrey & Purnell, 2007). The use of arts has also shown to support health promotion and awareness serving to educate different age groups on essential health concerns (Cox et al., 2010).

The application of arts and its several forms have been effectively used within healthcare

(Boydell, 2011; Cox et al., 2010; Dupuis et al., 2011; Fitzgerald 2007; Guillemin, 2004; Lapum, Ruttonsha, Church, Yau, & David, 2012; McCaffrey & Purnell, 2007; Price et al., 2007; Robinson, 2007a; Ryan & Schindel Martin, 2011). Examples found in research relating to the arts in healthcare primarily focus on outcomes for patients. Literature findings have been grouped according to the most common artistic expressions (different forms and representation of art), which will be outlined according to themes from my research findings. These themes include narrative forms (i.e. storytelling, writing, and poetry), drama, and the use of art for the dissemination of research findings.

First, I begin with presenting the use of arts in the form of narratives. Patients have used writing to assist them in expressing emotions about their illness and explored their feelings around treatment processes (Robinson, 2007a). Also children have used arts to express their thoughts and emotions regarding death, terminal illness, and pain levels (Robinson, 2007a). Likewise, narrative art forms such as memory boxes, storytelling, and collective poetry have been used to promote personhood when caring for persons with dementia (Ryan & Schindel Martin, 2011). The narrative arts have facilitated individuals with dementia to express their messages, thus recognizing that they too have a voice; imparting the awareness to family members and/or caregivers that the person with dementia is still present (Ryan & Schindel Martin, 2011). In a literature review by Cox et al. (2010), poetry was used to explore patients living with HIV infections. Creating poetry allowed patients living with HIV to obtain meaning in their lives. According to McCaffrey and Purnell (2007), patients and their families who listened to music post-operatively were able to communicate their experienced fears and hardships during their recovery process. Patients were able to express positive thoughts of recovering back to health (McCaffrey & Purnell, 2007). Therefore, the above-mentioned

examples extracted from the literature display various narrative art forms that can be used to express and understand important health related concerns.

Drama frequently displays the magnitude of various emotions and meaningful representations, thus classified as another form of art. According to Cox et al. (2010), drama was used as an innovative way to facilitate an understanding of individuals living with dementia. Similarly, an arts-informed study by Dupuis, et al. (2011), in the form of a drama titled "I'm Still Here", incorporated six qualitative studies involving stories of individuals with dementia. The study assisted to decrease the unnecessary suffering of families and individuals with dementia, revealing a sense of honour in their lived experiences. The use of drama is used to express societal stigma, challenges, and raise awareness in coping with oppression that related to dementia (Dupuis et al., 2011). Fitzgerald (2007) uses drama as a strategy to gain insight of what students with severe learning disabilities experienced as they participated in a research process. According to Fitzgerald, the use of drama shows to be an effective strategy in engaging students experiencing learning disabilities. Also it outlines the challenges and benefits of using drama as a helpful way to involve individuals who communicate in differing ways, thus enabling them to participate in research based activities (Fitzgerald, 2007). With the above examples, one can note that drama is a useful way to provide learning opportunities and build our understanding of diverse concepts/situations.

Within the literature, art has been used to disseminate research findings and has shown to promote understanding and awareness of health concerns experienced by others (patients and families) (Boydell, 2011; Guillemin, 2004; Lapum, Ruttonsha, et al., 2012). For example Lapum, Ruttonsha, et al. (2012) disseminated research about patients' stories of open-heart surgery and recovery through arts-informed methods, including installation, poetry, and photography. A

narrative approach was used to evaluate the effectiveness of disseminating research using arts-informed methods (Lapum, Ruttonsha, et al., 2012). Findings show that the use of creative methods (imagery and poetry) were realistic ways of presenting patients' experiences, as viewers felt immersed in patients' experiences of open-heart surgery, thus leading them to reflect on their own situations (Lapum et al., 2014). Another example, is an arts-informed study by Boydell (2011), exploring pathways of treating young adults with psychosis, research findings were depicted through dance choreography to describe the experiences of individuals suffering with psychosis. In an arts-informed study by Guillemin (2004) drawings were used as a way to obtain understanding of women's experiences with heart disease and menopause. Guillemin analysed patients' drawings into emerging metaphors and themes; through the utilization of drawings, individual's illness experiences were explored with greater meaning. Through the examples provided, the use of arts has encouraged engagement with individuals, families, and the communities. Therefore, several examples show how different forms of art can be used to depict perspectives of human experiences (Boydell, 2011; Cox et al., 2010; Guillemin, 2004; Lapum, Ruttonsha, et al., 2012; Price et al., 2007; Thomas & Mulvey, 2008). Furthermore, art has shown to be an effective mechanism to incorporate and portray important concepts/concerns within the healthcare system. After reviewing the arts and its broader application to healthcare, I have narrowed my focus on the use of arts in nursing within education as it relates to nursing practice.

As I read through various studies that have incorporated arts, I notice majority of the research is specific to one particular health concern, such as open-heart surgery, psychosis, heart disease, and menopause. I find these studies may relate to mine in that they address an important aspect of healthcare and the role of art in caring for patients and their families. I also believe that my study has the potential to bring out additional areas for discussion related specifically to arts

in nursing, thus making its outcomes beneficial and relatable to nurses' practice and professional development.

The Use of Arts in Nursing

The arts *in* nursing and nursing *as* art are concepts that can be discussed individually and can hold very different meanings, however, they can also be interrelated. Personally, I consider the use of arts in nursing to have fostered my understanding of the broader concept of nursing as art, which will be further explored in Chapter Three. For the focus of this chapter, I will be examining the concept of the *arts in nursing* (the use of arts as a medium).

Art fosters a sense of connection to one's intuition, soul, and inner wisdom; artistic expression is rooted from individuals' inner realities, thus creating meaningful experiences (Casey, 2009; Price et al., 2007). On a daily basis, nurses experience complex issues that are emotionally, ethically, and cognitively challenging. Using the arts can be a beneficial approach for nurses to recognize and understand thought-provoking situations. The utilization of the arts can be useful in encouraging nurses to participate in the process of reflection (Robinson, 2007b; Whiteman & Ross, 2003). By engaging in the reflective process, nurses are able to express their inner thoughts and feelings. For example, nurses who use arts build a stronger connection to others around them and had an increased ability to understand and become more sensitive towards patients' realities of life (Robinson, 2007b). Arts in nursing have shown to encourage cultural sensitivity and can provide nurses with the ability to manage ethical and empathetic dimensions of care (Robinson, 2007b; Whiteman & Rose, 2003).

To date, minimal research has been conducted with nurses using art as a medium to reflect on significant aspects of nursing care. I found minimal studies were available that addressed how nurses enhance the delivery of care through the use of arts (i.e. teaching patients

about their diseases) that may be momentous and relevant to improve their nursing practice and personal/ professional development. Additionally, most of the studies I found involved nursing students engaging in arts as a part of their education (Casey, 2009; Ewing & Hayden-Miles, 2011; Price et al., 2007; Thomas & Mulvey, 2008). Therefore, I feel that my study will provide useful insight into how nurses experience creating art that depicts situations related to their nursing practice, as opposed to curricular requirement.

The Use and Outcomes of Arts in Nursing Education

According to the literature findings, arts have been used within nursing programs and curriculum as a way to aid students to understand the lived experiences of marginalized individuals, gain insight, and learn about the challenges and inequalities within our society (Price et al., 2007; Thomas & Mulvey, 2008). Arts have also been commonly associated with theories of social constructivism, postmodernism, and feminist theory. Art has been used to assist nursing students to bridge the gap between practice and theory (Price et al., 2007; Thomas & Mulvey, 2008; Watson, 1988). Likewise, arts have promoted the connection of concepts learned from classrooms to the community. From the literature findings, the following themes have been identified relating to the positive outcomes of incorporating arts within nursing programs. The overall themes include: the opportunity to transform learning to practice, to build on students' creativity, and to foster meanings associated with students practicum experiences (Ewing & Hayden-Miles, 2011; Grindle & Dallat, 2001; Mckie, Adams, Gass, & Macduff, 2007; Price et al., 2007; Thomas & Mulvey, 2008).

Two examples have been extracted from an arts-based study by Casey (2009) to demonstrate how creative assignments provided undergraduate nursing students the opportunity to create art conveying meaningful practicum experiences. Nursing students captured human

experiences and discovered themes specific to nursing. One student expressed the challenges of individuals' facing disabilities. To gain a greater understanding, a student chose to create two pieces of artwork; one that was completed using his hand and the other using his mouth. When reflecting back to this experience, the student expressed feelings of restriction and helplessness associated with this process (Casey, 2009). Another student selected the medium of oil paints to create her art piece, using several colors. The student then chose to cover her colourful art piece by using another medium (black pastel). Following this process, the nursing student used a needle to scratch lines over the black pastel allowing the colours (oil paints) to reappear (Casey, 2009). The purpose behind the visual artwork was to depict a nurse's interaction with patients suffering from a mental illness, emphasizing that nurses can assist to restore hope and beauty back into patients' lives. In the next section, I outline the impacts arts may have on nursing students and the outcomes perceived by faculty members (nurse-teachers).

Nursing Students

Positive outcomes were exhibited among nursing students who were open to the idea of implementing arts within their education (Casey, 2009; McCaffrey & Purnell, 2007; Mckie et al., 2007; Lapum, Hamzavi, et al., 2012; Thomas & Mulvey, 2008; Whitman & Rose, 2003).

In an explorative paper by Mckie et al. (2007), students in a Scottish nursing degree program were provided with the opportunity to select one option, either the arts or science of nursing. Nursing students that selected the option of the arts within nursing had the chance to engage in various workshops (e.g. involving drama, poetry, photography), read stories, and understand the importance of narratives that depicted aspects of professional relationships (Mckie et al., 2007). The common themes in the paper by Mckie et al. were recognizing

different perspectives, exploring ethical issues (based on values and beliefs), as well as personal and professional identity in nursing. Other common themes mentioned by nursing students as a positive outcome with the use of arts was their heightened sense of self-awareness and empathy (Casey, 2009; Mckie et al., 2007). Integrating artistic methods of learning inspired students to provide their patients with compassionate nursing care (McCaffrey & Purnell, 2007). Similarly, according to Whitman and Rose (2003), students used art to express the philosophy of nursing. The outcomes presented comparable findings; students felt they were able to learn not only technical skills, but also the critical skills that were necessary to feel competent to care for their patients (Whitman & Rose, 2003). Through their artwork concepts such as compassion, advocacy, intelligence, autonomy, and healing were used to understand and explain the philosophy of nursing. Moreover, students obtained a profound insight and appreciation for the nursing program as they shared their personal creations with their colleagues (Whitman & Rose, 2003). According to Lapum, Hamzavi, et al. (2012), a performative and poetry narrative was used by students and their teacher to effectively reflect on the topic of oppression, providing students with a greater understanding of how theory can relate to one's personal and professional life (i.e. how Critical Social Theory exists within nursing and influences social justice). Similarly, Waston's (1988) development of nursing theory has helped assist others (nursing students) to perceive phenomena, such as human behaviour regarding health and illness, where she has used poetic expression to deepen the understanding of human experiences. For example, Watson's poem titled Dreamtime and Sharing the Tears with Wongi Tribe of Cundeelee, was written after her phenomenology research deepened her understanding of an Aboriginal Tribe in Western Australia (Watson, 1988). Based on the aforementioned studies students were able to construct deeper perspectives of nursing concepts, take risks, participate in active learning,

connect to their patients, and obtain meaningful experiences within their nursing practice (Casey, 2009; Mckie et al., 2007; Thomas & Mulvey, 2008).

Nurse-Teachers

Within the literature, teachers have also expressed the valuable aspects of arts within teaching environments for students as well as for themselves (Casey, 2009; Grindle & Dallat, 2001; Lapum, Hamzavi, et al. 2012; Lapum, Ruttonsha, et al., 2012; Schwind, Cameron, Franks, Graham, & Robinson, 2012).

In a descriptive quantitative study completed in Northern Ireland by Grindle and Dallat (2001) evaluated the use of arts in teaching, both students and teachers were involved. This study focused on the perspectives of faculty members and their observations on how students responded to their teaching art methods. Positive outcomes of utilizing art-informed methods included enjoyment, stimulation, and motivation (Grindle & Dallat, 2001). Faculty members felt that students were more involved, willing to participate, and expressed the desire to learn. Teachers found that students were able to grasp nursing concepts, link them to theory, and relate them to practice. Moreover, teachers felt the use of arts facilitated a safe environment, allowing students to openly share their ideas and thoughts with one another (Grindle & Dallat, 2001). Parallel to the outcomes perceived by nursing students, teachers also observed an increased level of self-awareness and confidence within their students. Additionally, teachers reported students expressed the willingness to challenge practice issues and improved on their communication skills (Grindle & Dallat, 2001). Despite the challenges in using art as a tool, teachers, similar to students, noticed the use of arts gave their students the opportunity to broaden their nursing perspectives (Casey, 2009; Grindle & Dallat, 2001; Lapum, Hamzavi, et al., 2012). One of the teachers in the study by Grindle and Dallat (2001) commented, “It’s not about facts, it’s about

lighting candles" (p. 195); thus, implying the teaching and learning process is one that should be exciting, motivating, inspiring, and allow students to make a connection and reflect a deeper level of understanding (i.e. broaden their perspectives, think outside the box). As briefly mentioned above, the concept of reflecting has been associated with diverse art forms, such as drawing, storytelling, and metaphors (Schwind et al., 2012). Engaging in the Narrative Reflective Process (Schwind, 2008) is known to promote the development of one's personal way of knowing (Chinn & Kramer, 20011). The reflective process enhances the quality of teaching and learning interactions. In the professional development depicted by Schwind et al. (2012), nurse-teachers engaged in Narrative Reflective Process by choosing a metaphor that best represented their *self-as-instruments-of-care.* These metaphoric representations of themselves allowed nurse-teachers to engage in reflective dialogue over an extended period of time to explore their teaching-learning practices and relationships with each other and their students, further enhancing their personal knowing. Accordingly, nurse-teachers gained a heightened understanding of who they are as persons and professionals, and how they can role model this practice for their students. They also learned ways to engage their students in Narrative Reflective Process to guide them in developing themselves as future *instruments-of-care*. As I reflected on this finding, I was curious as to what metaphors participants in my study would select as their instrument-of-care, and what meaning they will gather from this artistic exercise for their nursing practice.

When reviewing the literature, I notice most of the studies discuss the meanings behind the artistic creations. However, studies do not go into detail on what meaning the artistic piece had for the individual (i.e. nursing students) creating it and what this experience was like or how it applied to one's current and future nursing profession. My study on the other hand, explores

what it is like for participants to construct their artistic instrument and what meaning this holds for them personally and professionally.

Professional Development and Reflective Practice

According to the Canadian Nurses Association (CNA) nurses are self-regulated (CNA, 2007). With this privilege and responsibility, nurses are expected to maintain their accountability and always act in the best interest of the public (CNA, 2007). According to the American Nursing Association, professional development is defined as a life-long process that involves participating in several learning activities (Bardley & Benedict, 2010). These activities are noted to support and maintain continued competencies, improve practice, and support the learning and career goals of nurses, ensuring nurses' competence, safety, and ethical obligations (Bardley & Benedict, 2010). Nurses are continuously required to participate in activities that demonstrate their professional development, which can take many forms (e.g. advanced academic education, and the development of staff). According to Dickerson and DeSilets (2010), professional development allows nurses to learn and apply new skills and knowledge, explore challenges and changes that affect their practice, and to reflect on their personal and professional values increasing nurses' growth (personally and personally).

According to the College of Nurses of Ontario (CNO), under the Regulated Health Professional Act (CNO, 1996), nurses are required to participate in reflective practice, which has been expressed as a vital component of nurses' personal and professional development (CNO, 2011; Schwind, 2003). Within the nursing profession, the term reflection is essential to nurses' education and overall practice (Johns, 1995). Reflection can be defined as the practice and/or process of examining ones' feelings, thoughts, and actions that stem from a person's knowledge, assumptions, and beliefs (Kim, 1999). Whereas reflective practice can be defined as an important

personal process leading to the comprehension of one's actions, and reasons behind their actions resulting in improvement of one's practice (Chinn & Kramer, 2011). As previously mentioned, reflective practice has been widely used with students to engage them in a deeper level of thinking, providing them with the ability to create meaning about their learning experiences (Mann, Gordon, & MacLeod, 2009). Furthermore, reflective practice with students has been beneficial in providing the opportunity to identify their weaknesses, strengths, and learning needs; hence, reflective practice can provide a valuable learning environment to explore challenging situations in one's clinical practice (Mann et al., 2009).

Reflective practice is used by healthcare providers to learn from their experiences and understand actions they choose to take (Johns, 1995; Mann et al., 2009). In the study by Gustafsson and Fagerberg (2004), reflection is identified as a vital tool in professional development. Nurses can reflect in numerous ways, which fluctuates based on the level of experience in their practice (i.e. novice versus advanced, competence/skill level); reflection is recognized to assist nurses in advancing their profession (Gustafsson & Fagerberg, 2004). It is through reflection that healthcare providers tell stories of their experiences within practice to identify, bring awareness, and provide solutions to certain situations (Johns, 1995). According to Johns, reflecting allows individuals to become empowered and enlightened. Feeling a sense of enlightenment can be based on individual's increased understanding and awareness of their own personal and professional development (Gustafsson & Fagerberg, 2004; Johns, 1995). Likewise, the reflective process can allow individuals to gain a sense of empowerment as they reveal experiences that liberate them, lead to courage, and commitment that may facilitate change (Johns, 1995). According to Kim (1999), engaging in reflection within nursing can be applied to shared learning, promote improvements to practice, and generate new knowledge. According to

Johns, reflection can be incorporated to the theoretical framework of the Patterns of Knowing in nursing. This theoretical framework will be identified and expanded in Chapter Three. Therefore, based on the explanation above, reflective practice is an essential part of nurses' practice and professional development.

I think back to the time I created my artistic instrument, which was a helpful way to reflect on my nurse-patient interactions, as well as enhance my professional development. Similarly, with my study the intention is to provide nurses with options on the ways they too can reflect on their practice, thus leading towards their professional development.

The Use of Arts in Reflective Practice

In reviewing the literature, I noticed that one's personal and professional development has a reciprocal relationship (Connelly & Clandinin, 2006; Schwind & Lindsay, 2008; Wald, Norman, & Walker, 2010). In this section examples of reflective practice are presented showing how reflection has provided benefits to one's personal and professional development.

Benefits to Personal Development

Creative approaches (the use of arts) are effective ways to express thoughts, concepts, and emotions that may be hidden or challenging to verbalize (Guillemin, 2004; Schwind, 2003). Studies have shown that individuals who engage in self-reflective practices find positive outcomes that benefit them personally (Deaver & McAuliffe 2009; Gustafsson & Fagerberg, 2004; Schwind, 2008; Tokolahi, 2008). The majority of the studies found were associated with students or professionals in the healthcare field. The most common themes noted within the studies outlined that engaging in a reflective process involved the following benefits: increased recognition of ones' own values, beliefs, and attitudes, assisted with stress, and overall were reported as useful ways individuals engaged themselves to understand personal feelings during

experiences relating to their professional practice (Deaver & McAuliffe, 2009; Schwind, 2008, Schwind et al., 2012; Tokolahi, 2008; Webster, Coats, & Noble, 2009). In a qualitative case study by Deaver and McAuliffe, eight participants (students in art therapy and counseling) used visual journaling during their internship. One component of this study examined functions and benefits of visual journaling. Findings revealed interns were able to recognize their own struggles when dealing with their clients' concerns such as marital problems triggering an intern's personal memory (Deaver & McAuliffe, 2009). Therefore, journaling assisted to express the interns' personal thoughts, feelings, and opinions separate from their clients (Deaver & McAuliffe, 2009). Visual journaling was noted to be a useful tool allowing interns to express their emotions, thoughts, and was acknowledged to be effective in reducing their stress and anxiety levels (Deaver & McAuliffe, 2009). According to a case study by Tokolahi (2008) similar benefits were addressed. She explains her use of journaling, whereby drawings are used as a reflective tool. Drawings are used to assist her in exploring her personal values, thoughts, and concerns relating to different experiences in her life (e.g. a way to managing personal emotions and current thought processes). Therefore, journaling was identified as a self-care strategy, thus assisting to explore challenging experiences.

Creative measures have been shown to encourage and facilitate different methods of learning that involve reflective processes (Deaver & McAuliffe, 2009; Lapum, Hamzavi, et al., 2012; Schwind et al. 2012; Tokolahi, 2008; Webster et al., 2009). The process of reflection heightens one's awareness of their personal life experiences, which can impact their professional practice in either a positive or negative way (Deaver & McAuliffe, 2009; Tokolahi, 2008; Webster et al., 2009). Therefore, the implementation of creative measures promotes individuals to reflect, explore experiences that may not be tangible or easily identified, such as meanings

associated with thoughts, feelings, and values, yet holds importance for the exploration of a person's overall growth and development (Tokolahi, 2008). Additionally, by allowing one to select their own creative form, individuals may feel a sense of comfort, which may promote their willingness to reflect on their experiences.

Benefits to Professional Development

Healthcare providers have used art to reflect on their practice, thus providing them positive outcomes on engaging in a reflective process, fostering their own professional development as well as encouraging their colleagues to do the same (Schwind, 2003; Schwind et al., 2012; Tokolahi 2008; Wald et al., 2010; Webster et al., 2009). According to an arts-informed descriptive study by Wald et al. (2010), one of the article authors Joel Walker, who is also a photographer and psychiatrist, reflects on his experience of using photographic images for his professional practice. The study was designed to engage cancer patients and healthcare providers (mostly physicians) to reflect on images he captured relating to the theme of leaving this world (end of life). Findings revealed Walker's idea enhanced the quality of his relationships with patients:

> The use of images has dramatically affected my practice of Psychiatry… the use of images has helped me to conceptualize, focus, stand back and really hear what my patients are saying as they engage with and talk about the photos…this approach enables me to obtain a picture of *who* my patients are and facilitates my connection with them. (Wald et al., 2010, p. 549)

Walker's creative idea encouraged other healthcare providers with their own professional development. For example, physicians who attended the exhibition felt more engaged with

patients' thoughts and perceptions of their medical illness, as well as assisted them (physicians) to learn from their colleague. The common themes identified from physician's feedback involved: an increased sense of empathy and deeper understanding towards their patients, and a heightened sense of realization that art can be a useful way to enhance communication and gain a meaningful connection with patients and families (Wald et al., 2010).

According to Webster et al. (2009) participants (eight patients and eight nurses with inpatient cardiac experience from two elderly services) were to reflect on the meaning and understanding of the concept dignity. The use of creative arts (collages, movement/ dance, and clay) were implemented to assist them in sharing stories and experiences of their meaning, attitudes, and factors that sustain and contribute to the loss of dignity and privacy of care (Webster et al., 2009). Findings conveyed the need to improve nurses' attention to the dignity of care provided in their clinical settings. This process initiated healthcare providers to engage in discussions with their own patients of what dignity meant for them.

In the case study by Tokolahi (2008), the author discussed the development of drawing-based journals that facilitates her own reflective inquiry. As an occupational Therapist, she finds her journals effective as it aids to construct professional views of her practice. Her drawing-based journals permits a different way of learning, allowing her to gain insight, which assists her in making practice related decisions (Tokolahi, 2008).

Through reflection, nurse-teachers were able to increase their self-awareness from within (personally) and identify how this impacted them as professionals (Schwind 2003; Schwind et al., 2012). According to Schwind (2003), three nurse-teachers were invited to reflect on an illness experience they encountered in their lives. Creative forms (stories, journals, drawings, and the use of metaphors) were utilized to gain insight of their illness experience at a personal and

professional level. Findings from both studies (Schwind, 2003; Schwind, et al., 2012) indicated the benefits of reflective practice on an individual's professional development. Nurse-teachers were able to gain compassion while interacting with their patients and viewed a more holistic approach to their nursing/teaching practice (Schwind, 2003). Therefore, based on the above studies one's personal and professional development can be intertwined with one another, as we all have diverse and individualized experiences.

Challenges with the Use of Arts

Although the use of arts has primarily shown positive outcomes, it is important to acknowledge that a few challenges do exist. By outlining these challenges I am able to remain mindful when conducting my own study. I have extracted challenges from other studies (Casey, 2009; Grindle & Dallot, 2001; Pavill, 2011) and discuss them below.

Some participants in Casey's study (2009) had a difficult time engaging in and applying art to nursing concepts, because they neither understood nor recognized the benefits of using art prior to completing their given assignments. Within the same arts-based study, participants expressed their uncertainty with the use of artistic mediums. Furthermore, they felt that extra time and effort was needed to tune into their imagination, thus hesitating to let go of their familiar ways of learning and expressing concepts. Similarly, in the aforementioned descriptive quantitative study by Grindle and Dallat (2001), participants took longer to adjust to the use of artistic mediums and had difficulty thinking in a non-structured manner. In a paper by Pavill (2011), students were encouraged to use drama to describe a nursing concept. Some students refused to participate and left the class while their peers were engaged in a drama interaction. Consequently, Pavill suggests that it may have been challenging and frustrating to process students' thoughts in an artistic way due to their unfamiliarity with creative methods. Teachers

are advised to be cautious with the material they select when presenting certain content, due to possible unanticipated emotional responses (trigging an unpleasant experience) (Pavill, 2011). Also, teachers should be aware that engaging in the arts requires planning for time to debrief with students (allowing them to share their experiences) and receive constructive feedback on produced work (Pavill, 2011).

Based on the literature I have presented in this chapter, I notice that the benefits of arts outweigh the challenges, as the use of arts has shown positive outcomes to healthcare providers, teachers, students, patients, and families. Despite the above challenges, the use of arts has been positively associated with reflective practice and distinctly fosters one's personal and professional development.

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In Chapter Three, I discuss the theoretical framework Patterns of Knowing to further support this inquiry.

CHAPTER THREE

ADDING COLOURS TO MY PALATE

Philosophical Underpinning and Theoretical Perspective

Now that I have gathered the necessary supplies, a parallel to obtaining background information required to understand my topic of interest in depth, I proceed to the next step of selecting colours to create my symbolic images. The selection of colours I add to my palate is an essential stage to being an artist. Colours chosen should be carefully selected, as these colours are the visual foundation for the entire creation. Practice is guided by theory, a foundational belief that was always highlighted during my undergraduate studies and continues to carry its significance currently in my graduate work. Metaphorically, the colour selection I added to my palate reflects the process of how I derived the philosophical and theoretical framework that I have chosen to apply to my study.

In this chapter I reveal how I came to choose the theoretical framework for this study. According to Fawcett, Watson, Neuman, Walker, and Fitzpatrick (2001), and Sandelowski (1993), theory enters and leaves the inquiry process as needed, and serves to assist in gaining a deeper understanding into the researched phenomenon. In my study I am using the theoretical framework of the Patterns of Knowing (Carper 1978; Chinn & Kramer, 2011), which I demonstrate through the poetic prose at the end of this chapter.

The Qualitative Paradigm

From a philosophical viewpoint the study of humans is rooted in modes of science that rely on descriptions. Qualitative researchers are concerned with describing the patterns of thoughts and behaviours in humans, focusing on experiences, both social and personal levels (Streubert & Carpenter, 2011). More specifically, they are interested in learning how individuals'

social and personal experiences are created, and what meanings they assign to these. I have selected the qualitative paradigm, as it is suitable for my study and the research question I have proposed. The qualitative paradigm involves four philosophical assumptions: ontological, epistemological, axiological, and methodological.

Ontological assumption refers to the nature of experience that can be defined as an individual's reality (one's being and becoming in the world). Qualitative research embraces the reality that views and supports diverse perspectives (Fawcett et al., 2001; Streubert & Carpenter, 2011). It is imperative to mention that art is subjective and therefore has the potential to convey diverse meanings to different individuals, based on their independent perspectives.

Epistemological assumption is concerned with the way individuals obtain knowledge of the world around them, and requires researchers to build a closer relationship with participants (Creswell, 2013). Knowledge can also be portrayed through the form of artistic narratives (i.e. metaphors, visual drawing, stories, and poetry) (Clandinin, 2013; Creswell, 2013; Schwind, 2008). As my narrative inquiry study situated within the constructivist paradigm unfolds, it becomes apparent how knowledge emerges and is co-constructed between me as the researcher, and the participants (Clandinin & Connelly 2000; Creswell, 2013).

According to Creswell (2013), the qualitative paradigm has evolved specific perspectives of worldviews, such as the constructive paradigm. Within the constructivist paradigm researchers have a commitment to participants' viewpoints, recognizing multiple human realities. In other words, qualitative researchers do not focus on one aspect of an experience, instead they take into consideration many truths (multiple realities) about the experience of individuals. Creswell further states that qualitative researchers are able to view several ways a person understands

her/his experience, thus allowing them to co-construct knowledge with participants in order to uncover deeper meaning of the phenomenon under study.

Axiological assumption examines the role of one's values, which include ethics and aesthetics within research (Creswell, 2013; Fawcett et al., 2001). In this study I collaborate with my participants by becoming a co-participant throughout the research process, allowing me to consider the aesthetic perspectives and meanings they give to their artistic instruments, leading me to expand on my own experiences, and to consider them anew.

Methodological assumption encapsulates the whole research process from the research question, to participant recruitment, data collection, analysis, and dissemination of findings (Creswell, 2013; Mayan, 2009). The method fits under the umbrella of methodology, to answer the research question posed for my study, I am using Narrative Inquiry, which will be explicated in Chapter Four.

Selecting a Theoretical Framework

When I reflected on my experience of constructing my artistic instrument, I wondered how I came to know, create, and apply my artwork to my nursing practice, which became part of my professional development as a nurse. In seeking the answers to the above questions, I thought of Barbra Carper's (1978) concept of the Patterns of Knowing. This concept refers to how individuals perceive and understand themselves, the world around them, and the multiple ways they come to understand and build existing knowledge (Chinn & Kramer, 2011; Streubert & Carpenter, 2011). The Patterns of Knowing commonly referred to as the Ways of Knowing, provide insight into the ways nurses come to understand themselves and their surrounding professional world. The next section outlines a brief discussion of the patterns of knowing.

The Patterns of Knowing

The theoretical approach to this study is informed by Carper's (1978a) fundamental Patterns of Knowing: empirical, ethical, personal, and aesthetic. Chinn and Kramer (2011) and White (1995) expanded Carper's theory by developing the fifth pattern. According to White (1995) this way of knowing is known as sociopolitical, whereas Chinn and Kramer (2011) specify this knowing as emancipatory. In my thesis I use Chinn and Kramer's (2011) theoretical framework and thus, their emancipatory knowing, which is described as a dynamic process that is linked with how persons view themselves and the world around them. The patterns of knowing can be used to establish nurses' philosophical assumptions. Nurses' scope of knowledge provides a foundation for their practice, taking form and structure of how nurses think about a particular phenomenon (Carper, 1978b). The patterns of knowing are needed in nursing as they assist nurses' level of competency, knowledge, and perceptual experiences during their practice (Chinn & Kramer, 2011).

In the following section each pattern is addressed in the following order: empirical, ethical, emancipatory, personal, and aesthetic. This section is then followed by the application to my artistic instrument that was presented and described earlier in Chapter One (Figure 4).

The Empirical Pattern of Knowing

The empirical pattern of knowing is referred to as the science of nursing, and it focuses on the development of theoretical explanations (Carper, 1978a; Chinn & Kramer, 2011). According to these authors, components of empirics related to nursing have been borrowed from other disciplinary approaches, such as physiology, pathophysiology, and biomedicine, and involve prepared interpretations and descriptions of scientific events and facts. The focus of empirics is on the predictions of subjective and/or objective collection of information. This

pattern of knowing is based on assumptions that knowledge is available through physical senses, such as touching, smelling, hearing, and seeing (Chinn & Kramer, 2011; Fawcett et al., 2001). According to Chinn and Kramer (2011), the empirical pattern of knowing seeks to answer the following questions: "What is this? How does it work?" (p.14).

The Ethical Pattern of Knowing

The ethical pattern of knowing is referred to as the moral element that guides the practice of nurses (Carper, 1978b; Chinn & Kramer, 2011; Fawcett et al., 2001). The discipline of nursing is known to be an essential social service, one that is valued and responsible in protecting life, relieving suffering, promoting health, advocating for others, and respecting human life and dignity (Carper, 1978b). According to Chinn and Kramer, the ethical pattern of knowing relates to principled codes of conduct concerning moment to moment decisions based on what is right versus wrong and what should to be done in a particular situation. This pattern of knowing seeks to answer questions that ask: "Is this right? Is this responsible?" (Chinn & Kramer, 2011, p. 14). The ethical pattern of knowing view values (moral versus non-moral) including judgments related to one's intentions, motives, and character traits, finally steering towards the most desirable end (Carper, 1978b; Chinn & Kramer, 2011).

The Emancipatory Pattern of Knowing

The following explanation of this particular pattern of knowing has been taken from Chinn and Kramer (2011). The foundational perspective that shapes the emancipatory pattern of knowing is Critical Theory. Critical Theory involves analysis that moves beyond the apparent assumptions and looks into the broader picture. The emancipatory pattern of knowing relates to critical thinking and reflective practice, which goes beyond the attempts to improve one's own thinking, problem solving skills, and judgments. Similar to reflective practice, this way of

knowing looks at the interactions between reflections and actions. Emancipatory knowing seeks to answer questions that ask: "Who benefits? What is wrong with this picture?" What changes are needed?" (Chinn & Kramer, 2011, p. 14) Nurses are encouraged to look at a situation in a broader perspective, thus questioning assumptions that may be taken for granted regarding health policies and practice, in the context of nursing as well as to the overall healthcare system (White, 1995). Therefore, this pattern of knowing aims to look beyond the issues, consider situations with various outlooks, correct social patterns and structures that lead to social biases and inequalities within society.

The Personal Pattern of Knowing

The personal pattern of knowing involves being cognizant of oneself and others (Chinn & Kramer, 2011). This pattern of knowing can be viewed as the expression and quality of interpersonal relationships between nurses and others, however, prior to building relationship with others, nurses should have personal self-awareness (Carper 1978b; Fawcett et al., 2001). Personal knowledge involves knowing, encouraging, and representing the self (Carper 1786b). Therefore, according to Chinn and Kramer (2011), personal pattern of knowing asks the following critical questions: "Do I know what I do? Do I do what I know?" (p.14).

To gain a sense of self-awareness it is important to interact with others. It is our interactions and perceptions of others that allow us to better identify the self and one's own beliefs and values (Chinn & Kramer, 2011). According to Smyth (1996), the key element to meeting others' needs is to be open in one's own life experiences. Through deeper understanding of oneself individuals can increase their personal authenticity (Chinn & Kramer, 2011; Schwind, 2008). For this reason, I believe that personal knowing has a reciprocal association with my personal and professional development. In other words, who I am as a person influences the way

I identify and practice as a nurse, thus both are connected (Lindsay, 2008b). Authenticity in nursing is necessary because it can lead to individual nursing care. Authenticity requires questioning, knowledge, and understanding (Chinn & Kramer, 2011). It is through authenticity that an individual can comprehend and appreciate personal biases, feelings, values, attitudes, strengths, and weaknesses of oneself and of those around her/him. Based on the above characteristics, nurses are able to work towards resolving inner self-conflicts and make the interactions with others more meaningful. The personal pattern of knowing depends on deep reflections that provide meaningful awareness of one's life (Chinn & Kramer, 2011; Schwind, 2008; Schwind et al., 2012).

Chinn and Kramer (2011) further state that the creative process within the personal pattern of knowing aims to embrace the wholeness of an experience. The process involves two concepts, which include centering and opening. Centering is the process when individuals focus on themselves to become more mindful, self-aware, and appreciative. Opening refers to discussing feelings and examining emotions within oneself and the stories that arise from their experiences. According to the above-mentioned authors, when sharing the realizations that come from opening and centering with others, the shared exchange of responses may open the opportunity for individuals to view a situation in diverse perspectives, thus allowing them to generate and accept new reflections.

Examples of opening and centering are artistic forms of journaling and meditation. These forms provide deeper meanings, for example, journaling involves expressing feelings and emotions of a story or situation (Chinn & Kramer, 2011). Moreover, engaging in this process of centering and opening increases self-awareness and allows for connections between a person's inner intentions and actions. Additionally, sharing forms of expression with others is effective to

enhance the personal pattern of knowing, and enables individuals to gain insight and inspires them to generate changes within their lives (Chinn & Kramer, 2011).

The Aesthetic Pattern of Knowing

In Chapter Two, I briefly mentioned the concept of nursing as an art. Nursing as an art involves the exploration and utilization of one's mind, body and spirit, and constructing an experience that can be transferred to various situations (Chinn & Kramer, 2011). Through this pattern of knowing nurses are able to recognize how to deal with situations through the application of creative resources. According to Chinn & Kramer (2011) critical questions within this pattern of knowing include: "What does this mean? How is this significant?" (p.14). Hence, aesthetic knowing not only provokes meaning but also encourages nurses to build a caring interpersonal connection.

Empathy has been described as the capability of experiencing another individual's feelings and relating to another person's situation (Carper, 1978b; Gustafsson & Fagerberg, 2004). Likewise, gaining insight into others' situations can assist them to develop a broader understanding and enhance their self-awareness of the situation (Chinn & Kramer, 2011; Smyth, 1996). Therefore, nurses have an improved capacity of providing care and making decisions that are appropriate, effective, and can lead to satisfying outcomes (Carper, 1978a).

The word *art* can be discussed in both ways: art as a product or form, and art as a process or action (Chinn & Kramer, 2011). As explored in Chapter Two, using the arts as a medium in nursing (form or product) has deepened my understanding of the concept nursing as an art (process or action). Although the two concepts can be discussed separately, below I have provided a personal explanation of how for me, one concept relates to another (the form/product and the process/action).

Art as a product and process. Prior to constructing my artistic instrument related to Cystic Fibrosis (CF), I felt the need to gain a deeper understanding of patients living with CF. Specifically, I desired to gain knowledge of the diagnosis, but also felt the need to learn more about the different components within the daily lives of CF patients (i.e. social, medical, physical etc.). To accomplish this, I began to take action by seeking more knowledge about CF, reflected on my own nursing experiences with the CF population, assessed and analyzed my interactions with patients, and engaged in dialogue with patients and their families about what it was like living with CF. Through these actions I gained diverse views of the diagnosis and the lifestyle of patients living with CF. I then chose to portray my new understanding in the form of a visual art piece and constructed a product (my artistic instrument). After creating this form/product, I noticed my ability to view patients living with CF with a different lens. I was able to see the diverse components of their lives and so was able to create more effective nurse-patient connections. I realize that I was using all my patterns of knowing; yet, only now I intentionally broaden my scope from merely empirical pattern to include ethical, personal, aesthetic, and emancipatory knowing. For example, I began to look beyond the medical model of patient care, such as only focusing on tasks related to medication administration. My patterns of knowing expanded and my experience with patients has changed as a result. For instance, I personally felt more connected with patients living with CF as my interactions with them became more meaningful. Based on my experience, engaging in arts as a medium (i.e. pre and post the creation of a product: my artistic instrument) had a positive impact on my professional development as a nurse, making the concept ‘nursing as an art’ more apparent to my overall practice.

Application of the Patterns of Knowing to My Artistic Instrument

I have chosen to create a series of poetic prose to demonstrate how the five patterns of knowing may apply to my process of creating and implementing my artistic instrument. As this thesis unfolds, the reader will come to understand how all patterns of knowing are integrated for me. It is important to note the patterns of knowing do not necessarily occur in a sequential manner, rather, they occur simultaneously and may interconnect with one another revealing equally informative insight. The different font styles below represents my reflective and creative thoughts, whereas the regular Times New Roman font is my researcher voice, which identifies the patterns of knowing I am referring to.

Building a Connection through a Reflection

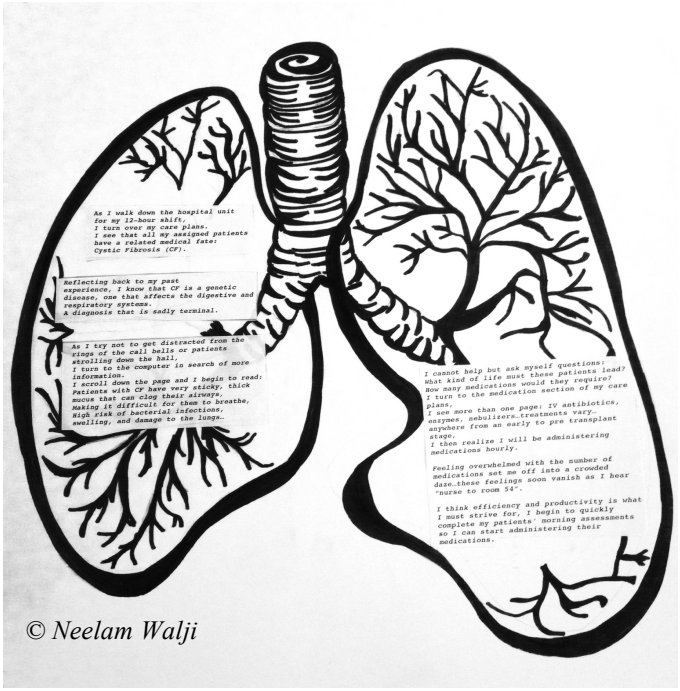

Figure 6. Lungs Displaying the Empirical Pattern of Knowing

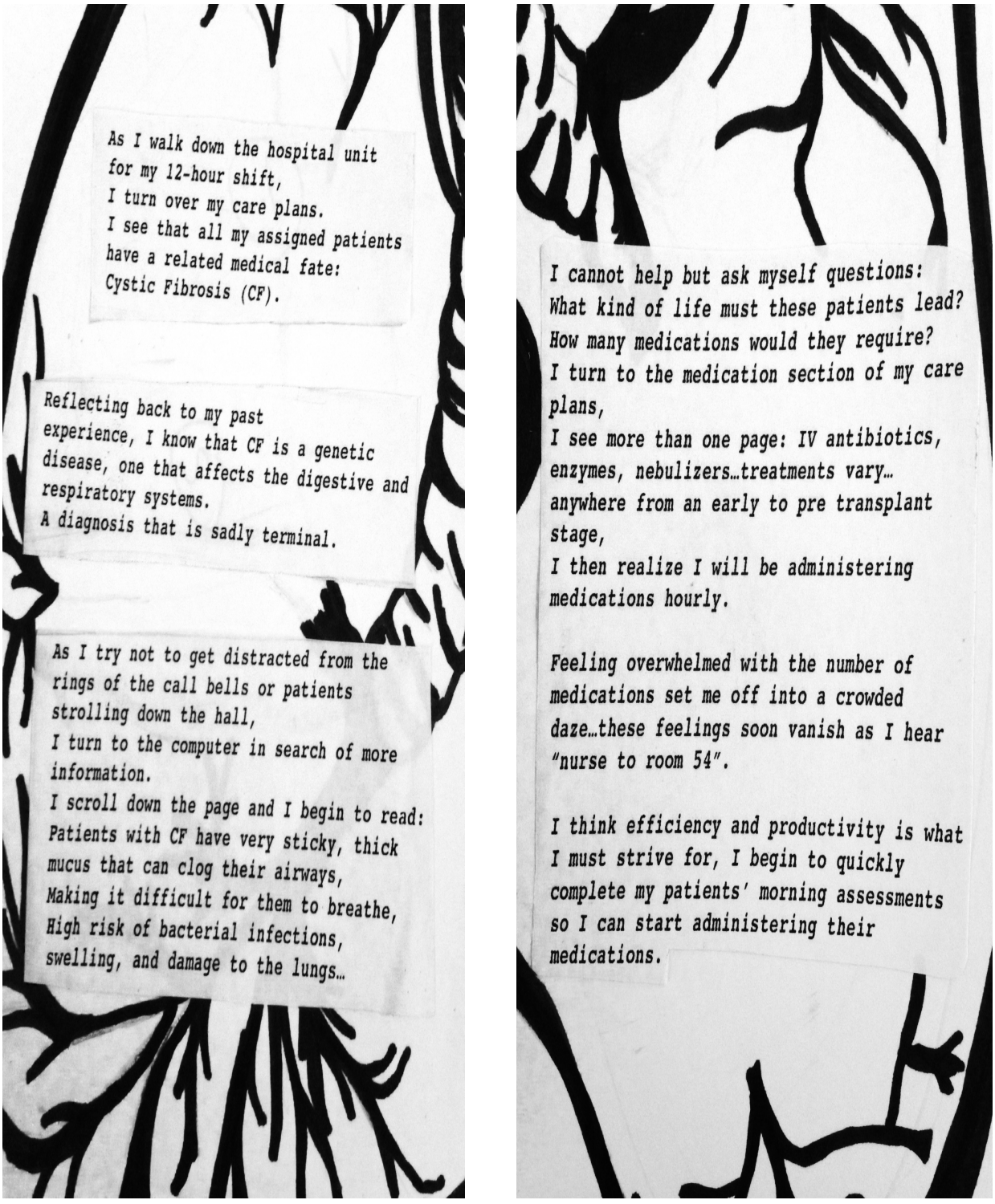

Figure 6a. Poetic Prose within the Lungs Enlarged to Demonstrate the Empirical Pattern of Knowing

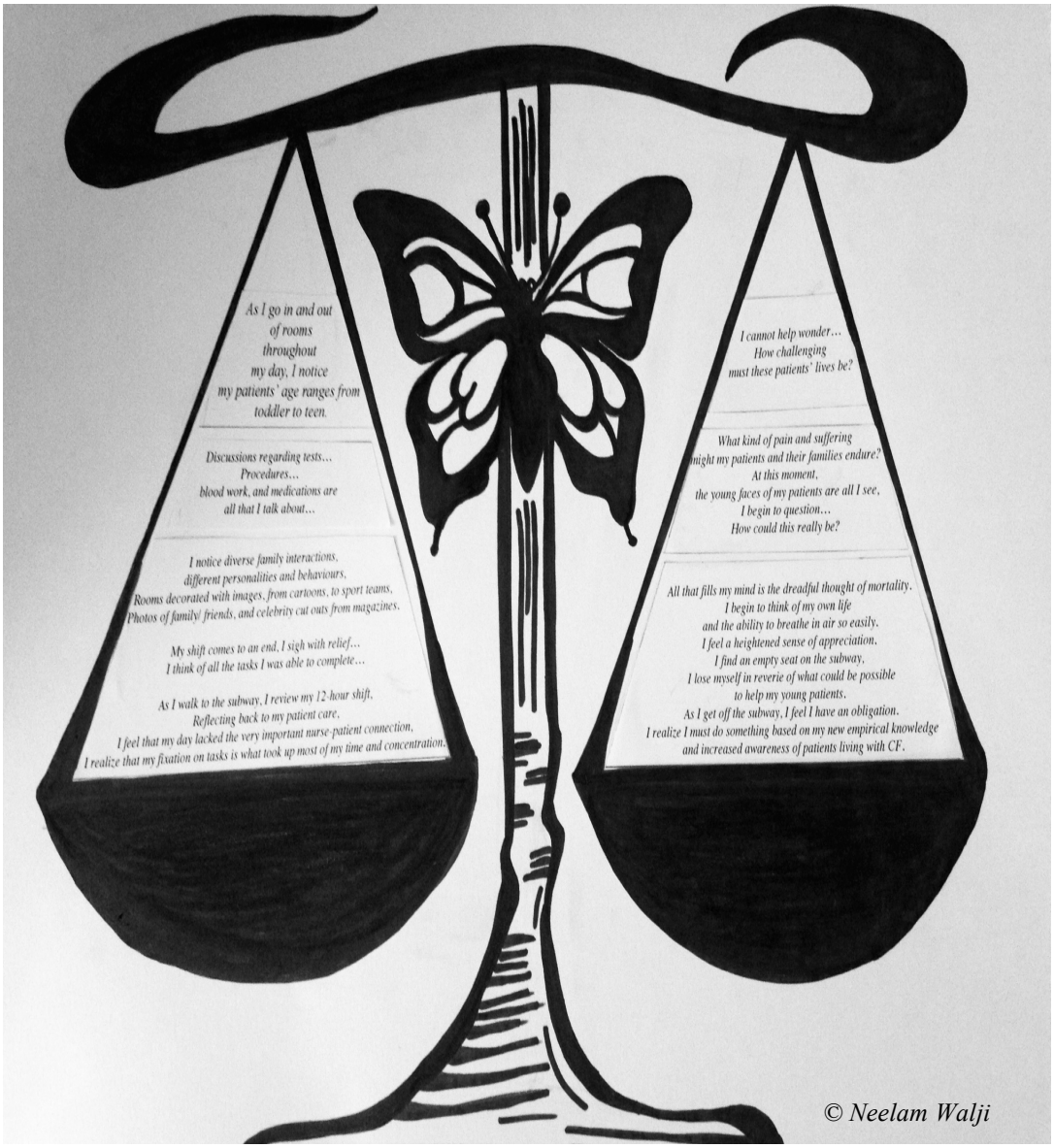

Figure 7. Butterfly and Balance Scale to Demonstrate the Personal and Ethical Patterns of Knowing

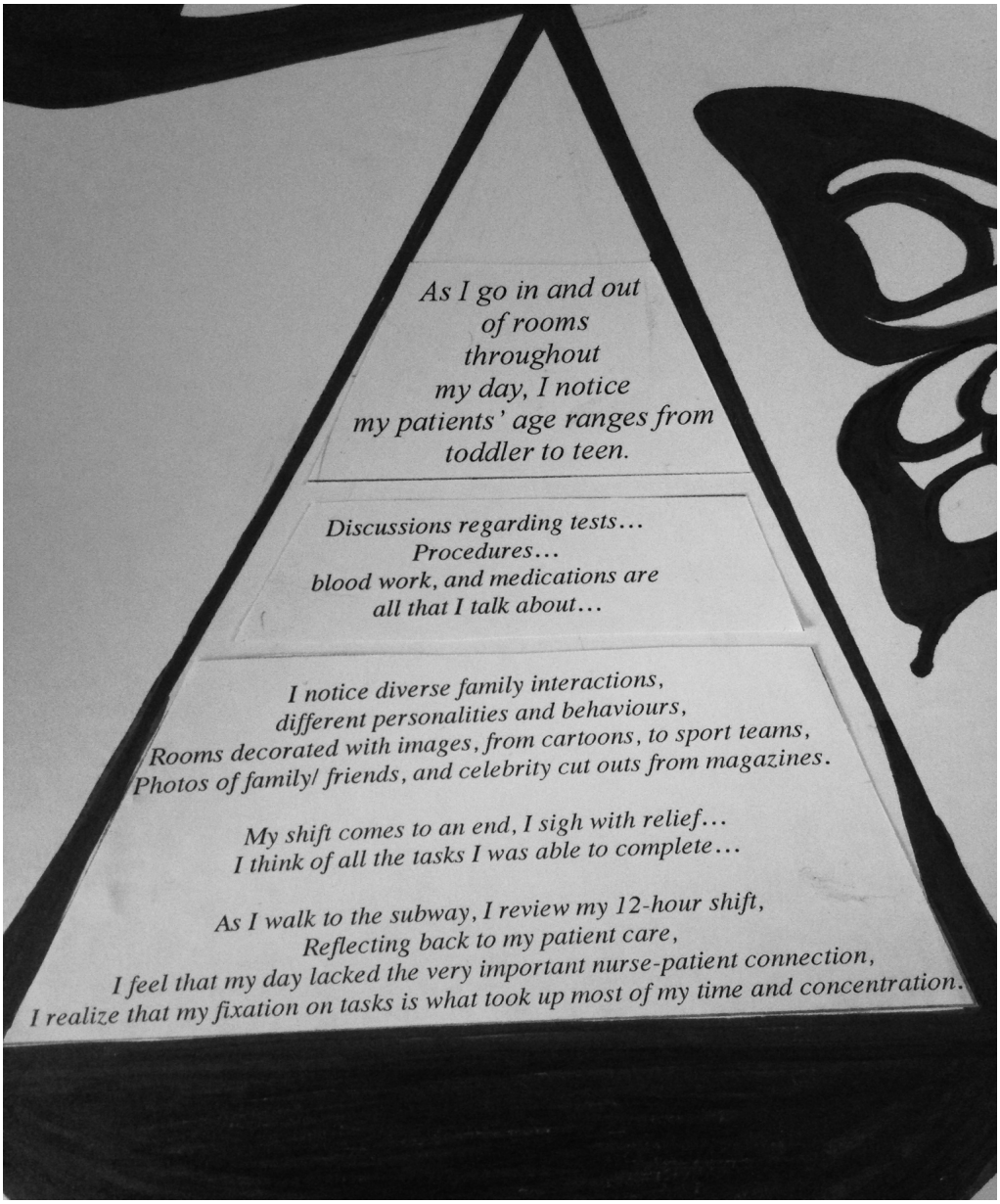

Figure 7a. Poetic Prose within the Balance Scale Enlarged to Demonstrate the Personal and Ethical Patterns of Knowing

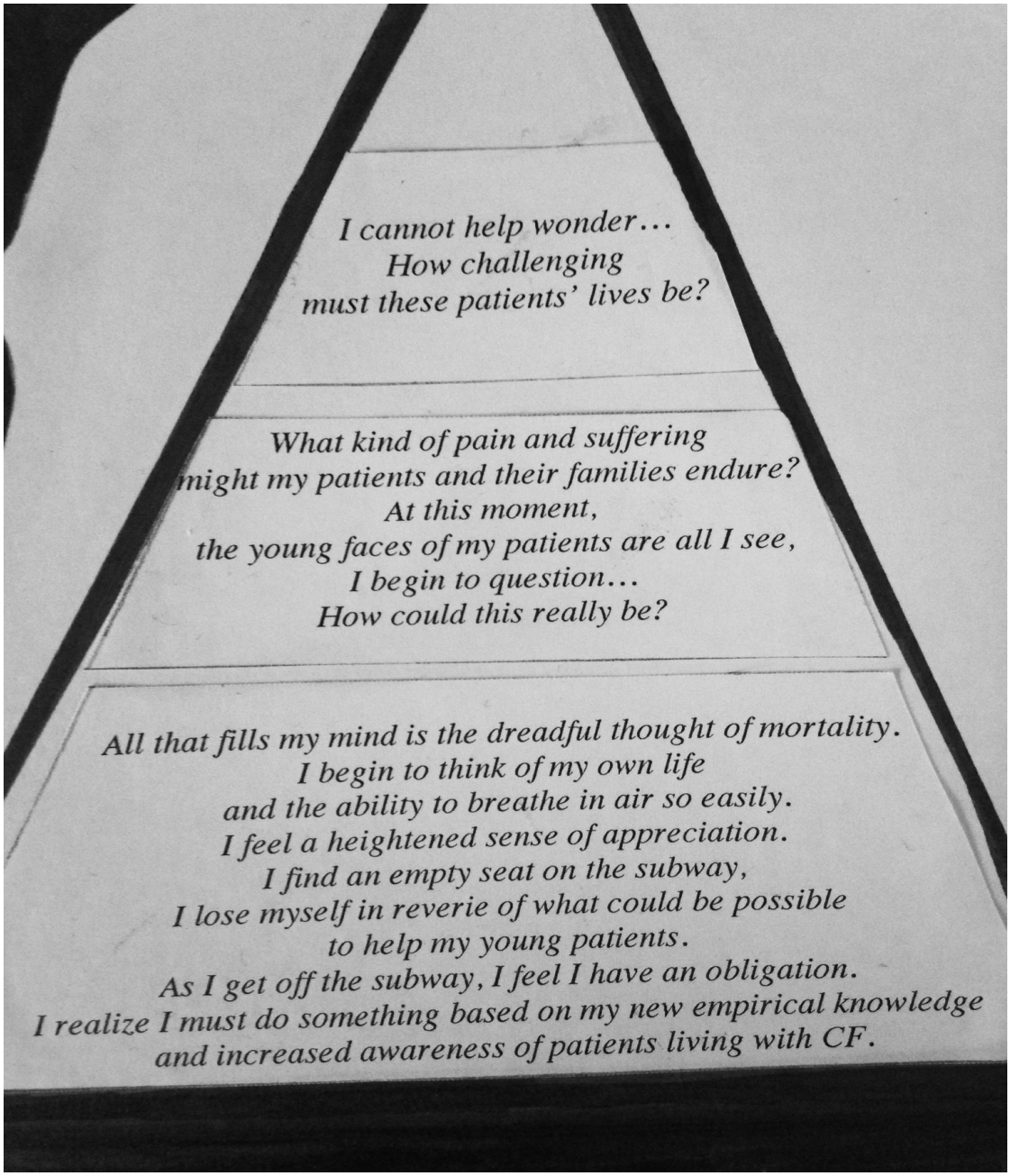

Figure 7b. Poetic Prose within the Balance Scale Enlarged to Demonstrate the Personal and Ethical Patterns of Knowing

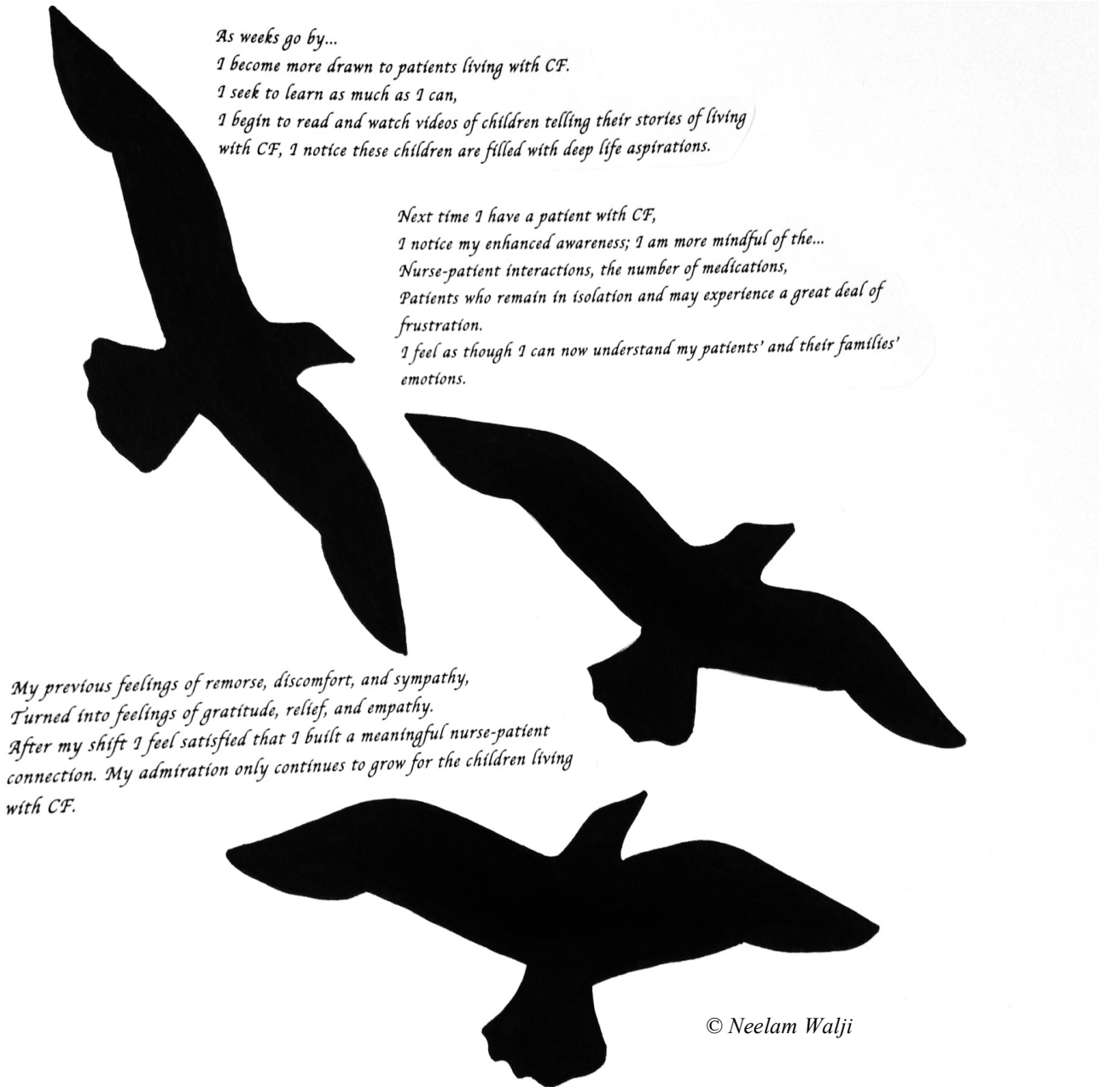

Figure 8. Birds with Poetic Prose to Demonstrate the Aesthetic Pattern of Knowing

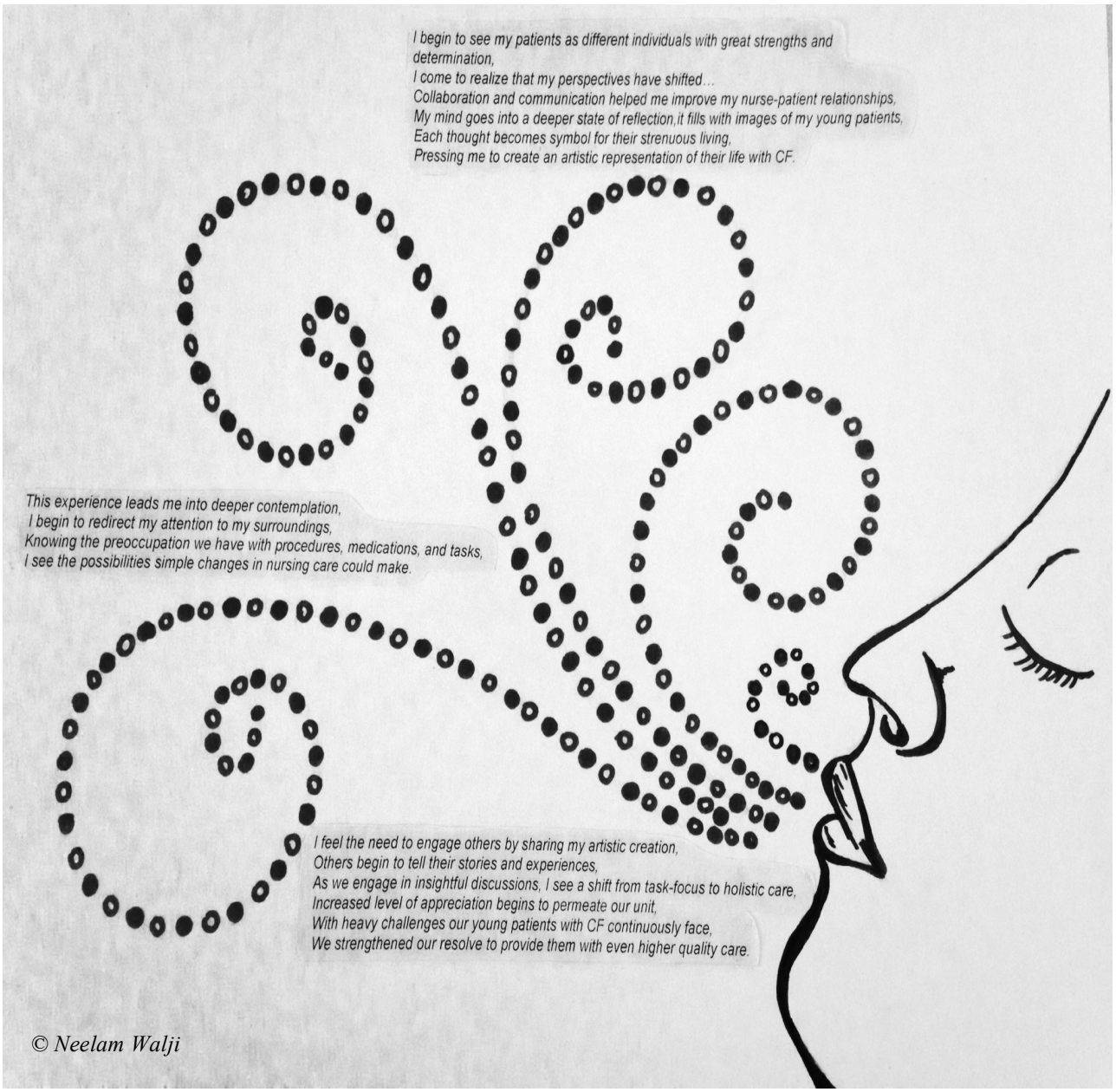

Figure 9. Breath with Poetic Prose to Demonstrate the Emancipatory Pattern of Knowing

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The next section (Chapter Four) describes the research methodology, arts-informed Narrative Inquiry.

CHAPTER FOUR

SELECTING A PAINTBRUSH

Research Methodology

A vital tool needed during this journey is the careful selection of a paintbrush, a tool that allows me to mix colours from my palate and create several techniques. For example, a simple stroke of my paintbrush with the use of its bristles dipped in various colours has the capacity to form many different images on my canvas, which have the potential to transform into meaningful representations for me and for others.

I have selected the metaphor of a paintbrush to represent the arts-informed part of my research methodology, Narrative Inquiry (Connelly & Clandinin, 1990). This approach along with artistic self-expression allows me to explore in greater depth experiences of nurses who use art within their professional role. This chapter begins with a personal reflection on how I came to appreciate Narrative Inquiry, followed by a discussion about this qualitative method. I conclude the chapter by explicating how Narrative Reflective Process (Schwind, 2008), an arts-informed data collection tool was adapted for my study.

My Awakened Understanding to Narrative Inquiry

My encounter with Narrative Inquiry began in my Master of Nursing (MN) qualitative research course (Qualitative Research Methods: Design and Critical Appraisal), where I developed an interest in the way qualitative researchers aspire to understand human behaviours and occurrences (Creswell, 2013). During my course work, I learned about narrative research and its role in deepening the understanding of the way people create and share meanings about their experiences. As I began my graduate program, conversations with my faculty advisor heightened my interest in narrative research. During one of our early meetings I was intrigued by

her knowledge, application, and passion for Narrative Inquiry, a particular form of narrative research. I decided to learn more about it. As I read through the literature, I was fascinated by the way Narrative Inquiry can be similarly stated as an "inquiry into narrative" (Connelly & Clandinin, 1990, p. 2), in other words, not only does Narrative Inquiry capture experiences through the form of stories, it is a method for studying them.

Thinking back to the people that have come into and out of my life, from childhood till the present moment, I can acknowledge how their lives comprise of experiences that can be conveyed as diverse and multiple stories. Moreover, I realize people's stories are created through their interaction with others, who similarly acquire their own set of stories. I imagine that stories influence and shape our identity and add meanings to our lives. As I come to appreciate this concept, one of my favourite quotes that I apply to my life draws my attention, "People come into your life for a reason, a season, or a lifetime" (Anonymous, n.d.). Presently, this quote resonates with me as a metaphor, which helps me understand the relationship between a Narrative Inquiry researcher and her/his participants.

By *reason*, I see that a researcher has a purpose behind the exploration of a phenomenon (conducting her/his study), as participants too have their own reasons for engaging in the study. The participants, however, decide which stories they are willing to reveal.

By *season*, I relate this to the relationship that develops between the researcher and the participants (the researcher-participant relationship) during a segment of the research process (i.e. data collection). The researcher and the participants exchange dialogue, thus fostering insight, growth, and learning from one another at a particular moment in time. However, this research relationship has an allotted time frame. As the study must come to an end, the hope is that the researcher and the participants find value in their shared experience. Although the

researcher and the participants will leave one another's stories, one can imagine that their future lives will be enhanced by their mutual collaboration during the research/inquiry relationship.

By *lifetime*, I understand that the experience between the researcher and the participants informs all of their other, present and future events; hence, their research relationship has the potential to deepen individual and collaborative meanings of their stories. Therefore, for the researcher and the participants, this experience (engaging in the study process) becomes a part of their present and future stories that are lived and told.

Narrative Inquiry

The roots of Narrative Inquiry are found in social disciplines, such as humanities and anthropology (Creswell, 2013; Streubert & Carpenter, 2011; Yang, 2011). This research approach is frequently used in the field of education, yet is rather new to the area of healthcare: psychology (Smith & Sparkes, 2006; Stephens, 2011); psychiatry and mental health (Kirkpatrick & Byrne, 2009); and, health and nursing (Chan, Cheung, Mok, Cheung, & Tong, 2006; Lindsay, 2006, 2008a; Lindsay & Smith, 2003; Schwind, 2003, 2008). Narrative Inquiry is informed by social constructivism, feminism, and humanism (Creswell, 2013; Streubert & Carpenter, 2011; Yang, 2011). The most prominent influence on Narrative Inquiry was John Dewey, a pragmatist philosopher who believed that studying experiences is the key to education (Clandinin & Connelly, 2000). Dewey believed that a person gains a rich perspective of another person through her/his experiences (Clandinin & Connelly, 2000; Ollerenshaw & Creswell, 2002).

According to Dewey, experiences are recognized by continuity, interaction, and situation. *Continuity* can be described as experiences generating new occurrences, thus suggesting that one experience leads to the next (Clandinin, 2006). *Interaction* recognizes that people are unique beings, yet cannot solely be understood based on their individuality, they must be acknowledged

within the context of their social environments. Lastly, *situation* refers to the place where individuals' experiences occur (Clandinin & Connelly, 2000).

Michael Connelly and Jean Clandinin, educational researchers, inspired primarily by Dewey's philosophy of experience originated the Narrative Inquiry research approach (Connelly & Clandinin, 1990, 2006). Clandinin and Connelly (2000) define Narrative Inquiry as a rapport between researcher and participants that is collaboratively built over time, in places, and in social relations amid diverse settings. Narrative Inquiry is a way to understand experiences, whereby the researcher's inquiry occurs in the "midst of living and telling, reliving and retelling, the stories of experience that made up people's lives both individual and social" (p. 20).

In Narrative Inquiry, people share their personal experiences with others as they live, or have lived through them (Clandinin & Connelly, 2000, Connelly & Clandinin, 2006). Clandinin and Connelly (2000) note that it is imperative for researchers to listen to participants' stories, as they are being lived and told. In other words, participants' experiences are not only depicted by the way they live, but also by the way they tell their stories (Clandinin, 2013). As participants convey their stories, they may find that recalling a particular story may hold numerous implications for them personally, emotionally, intellectually, and/or spiritually. Researchers must study participants' stories by carefully observing, listening, and living alongside participants as they convey their stories (Clandinin, 2006, 2013). This allows researchers to understand how individuals view their world.

A familiar way individuals discuss their experiences is through storytelling, a common process, which has the potential to create meaning of situations they have undergone, as well as their life as a whole (Clandinin & Connelly, 2000). According to Connelly and Clandinin (1990, 2006), Narrative Inquiry is inspired by the way humans lead storied lives both individually and

socially. Storied lives in terms of the social are borne out of experiences that are formed through the interactions with other individuals (Clandinin, 2006; Connelly & Clandinin, 1990; Lindsay, 2006; Ollerenshaw & Creswell, 2002). To gain a deeper insight into one's experience, the process of telling, reflecting, and reconstructing stories is fundamental to Narrative Inquiry (Creswell, 2011; Ollerenshaw & Creswell, 2002; Schwind et al., 2012).

Narrative Inquiry researchers gather people's stories of experience, deconstruct, and reflect on them in order to gain a deeper understanding of their life events, and then reconstruct them with a deeper understanding of the phenomenon. Researchers aim to recreate participants' stories with their input, and through further critical thinking and reflections, co-construct new knowledge and meaning (narratives). Thus, the researcher honours and appreciates participants' experiences, which are viewed through the three-dimensional space of Narrative Inquiry: temporality, sociality, and place (Connelly & Clandinin, 2006).

Three-Dimensional Narrative Inquiry Space

The conceptual framework of Narrative Inquiry is known as the metaphorical three-dimensional narrative inquiry space or the three commonplaces: temporality, sociality, and place (Clandinin & Connelly, 2000; Connelly & Clandinin, 2006). This three-dimensional narrative inquiry space was inspired by Dewey's aforementioned key components: interaction, continuity, and situation. As Clandinin and Connelly (2000) developed Narrative Inquiry they expanded Dewey's term interaction to mean *sociality,* which gives reference to both the personal and the social. Continuity became associated with *temporality,* as this term refers to the past, present, and the future. Dewey's notion of situation became known in Narrative Inquiry as landscape*,* as it similarly reflects the notion of *place*. The three-dimensional narrative inquiry space occurs

simultaneously (Connelly & Clandinin, 2006), however, for the purposes of definition, it is explicated individually below.

Temporality. According to Connelly and Clandinin (2006), temporality is commonly referred to as time; events are ever changing, and are seen to be in the state of "temporal transition" (Connelly & Clandinin, 2006, p. 479). As a narrative inquirer, I understand that events, people, objects, and relationships are all connected to the past, present, and future. Comparably, Clandinin and Connelly (2000) state that our past relates to the way we act in the present, which in turn expands our anticipated future. In other words, when we intentionally reflect on our past events in the present moment, we gain an understanding that has the potential to provide greater clarity and insight into our future ways of being.

Sociality. Sociality relates to personal and social conditions (Connelly & Clandinin, 2006). Personal conditions refer to hopes, desires, aesthetic reactions, feelings, thoughts, and moral outlook of individuals, which can come from either the participant and/or the researcher (Clandinin & Connelly 2000; Clandinin & Huber, 2002). Another aspect of sociality is the relationship between the researcher and the participants (inquiry relationship), which is significant to Narrative Inquiry and must be addressed as part of the research process (Connelly & Clandinin, 2006). It is essential for Narrative Inquiry researchers to recognize their position/place in relation to the research. Researchers have to be aware of who they are in relationship to their participants, as well as who they are in relation to the study as co-participants (Clandinin & Connelly 2000; Connelly & Clandinin, 2006; Watt, 2007). This awareness provides the researcher with different perspectives of the participants' stories and allows them to foster a greater understanding of the stories that begin to emerge from their inquiry relationship (Connelly & Clandinin, 2006).

According to Watt (2007) and Creswell (2013), reflexivity is the term used in Narrative Inquiry that allows the researchers to obtain self-awareness throughout the research process. Reflexivity involves reflections, whereby the researcher explores her/his personal self and interaction process during the research (Watt, 2007). Thus, as a Narrative Inquiry researcher, it is imperative for me to acknowledge my interactions with the participants. Therefore, as I advance deeper into the inquiry of participants' stories I am examining and reflecting upon on my own. According to Clandinin (2013), researchers' stories are "interwoven into who we are and are becoming. These stories live in us, in our bodies, as we move and live in the world." (p. 22). This demonstrates the reciprocity of the researcher-participant relationship, as we continue to live each other's stories, as the participant's stories become the researcher's stories and vise-versa. This becomes clear in the subsequent chapters, as I hear the participants' stories and provide my insight, informed by my personal and professional experiences and in relation to their accounts.

Place. This is usually referred to as sequence of places, however, it mainly gives reference to the concrete and physical place, which is often referred to as "landscapes" of where an event resides and thus inquiry occurs (Clandinin & Connelly, 2000, p.77). According to Connelly and Clandinin (2006), depending on the temporality (time) of discussion, the reference to places may vary. Therefore, it is essential for the researcher to consider: who s/he is in relation to the inquiry (relationship), to understand and acknowledge that s/he becomes part of the storied landscapes (places), and to consider how both the relationship and the place evolve over time (temporality), as all these impact in how participants reveal their stories and how the researcher receives them (Clandinin, 2013).

Directions within Narrative Inquiry

In Narrative Inquiry the researcher is involved in a non-linear dialogue that is predominantly directed by participants. Therefore, multi-directional conversations between the researcher and the participants must be recognized. Within the three-dimensional Narrative Inquiry space the following directions are also acknowledged: inward, outward, backward, and forward (Clandinin & Huber, 2002; Creswell, 2011; Lindsay, 2006). *Inward* focuses on individual's hopes, feelings, and overall reactions to experiences (Clandinin & Connelly, 2000; Clandinin & Huber, 2002). *Outward* refers to the environment, and *backward/forward* gives reference to one's past, present, and future (Clandinin & Connelly, 2000). During the research process, this non-linear dialogue between the researcher and the participants becomes apparent. Narrative inquirers come to appreciate a reciprocal relationship with the participants, as Clandinin (2013) states, "we become a part of participants' lives as they become a part of ours" (p. 24).

Arts-Informed Data Collection

Art is often incorporated with Narrative Inquiry. One data collection tool that has grown out of Narrative Inquiry research is the Narrative Reflective Process (Schwind, 2008), a tool that integrates creative self-expression approaches such as stories, metaphors, drawings, and creative writing. For the purpose of my study, an adaptation of Narrative Reflective Process is used as a data collection strategy, specifically the use of metaphors, drawings, and journal writing. According to Schwind (2003, 2008) and Guillemin (2004), drawings are utilized to achieve a deeper exploration of how people make sense of their world, and can be a useful way to express the simplicities and the inner complexities of their life experiences. According to Guillemin (2004), drawing is considered both a product and a process. Guillemin describes that the process

of drawing allows individuals to generate meaning about their life. In the same study Guillemin suggests that the combination of creative modalities with narrative interviews fosters greater meaning and continuation of participants' stories. Accordingly, Narrative Inquiry is often combined with creative approaches, such as drawing (Schwind, 2008). Thus, through Narrative Inquiry I am able to obtain a greater understanding of nurse's artistic instrument and the process undergone in creating their artistic creation (before, during, and after). Further, Narrative Inquiry allows me to acknowledge the way nurses perceive and apply their artistic instrument to aspects of their nursing practice, as well as their personal and professional development, current and future.

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In Chapter Five I describe the process of my research (the study design), including rigour and reflexivity, as well as the ethical considerations.

CHAPTER FIVE

SKETCHING OUT MY BLUEPRINT

Study Design

With all the materials set in place, final colours selected for my palate, and a purposeful choice of a paintbrush, it is time to create images that will fill my blank canvas. Just before this process, I think about the images I intend to create, thus, requiring me to brainstorm possible ideas and sketch out a rough blueprint. While creating my blueprint various thoughts enter my mind as I find myself laying out my ideas in a systematic manner. I believe this process will allow me to stay focused and motivated, and so bring me to my ultimate goal of creating my painting: my research study.

I have selected the metaphor of sketching out a blueprint to represent the steps of my study from the beginning to the end. This chapter begins with an explanation of the criteria for participant selection, sample size, and setting of where the study took place. Furthermore, I review the process of recruitment, and provide a detail description of how the data was collected and analyzed. Lastly, I discuss rigour, reflexivity, and the ethical considerations, as well as explicate how they are expressed in my study.

Recruitment Process

Narrative Inquiry explores participants' experiences through the form of stories, which vary in length and complexity, depending on how much an individual is willing to share. Thus, two participants were voluntarily recruited for my study. The inclusion criteria included practicing nurses enrolled in the Master of Nursing (MN) program, who have a general interest in working with the arts (i.e. drawing, painting, poetry etc.), as they would be required to create their own artistic instrument within a short time frame. By selecting two participants I was able

to deepen my understanding of how each nurse experienced the process of creating an artistic instrument and the meanings associated with their artistic product, from a personal and a professional perspective.

Based on the reciprocal relationship between the researcher and the participants in Narrative Inquiry, I became engaged as participants' experiences developed into stories (during the data collection process). As noted in Chapter Four, Narrative Inquiry researchers aim to co-construct participants experiences into stories, thus projecting new perspectives of each participant's experience (Clandinin, 2006; Creswell, 2013; Stephans, 2007). According to Creswell, a narrative researcher aims for a small sample size to allow her/him to explore participants' narratives in greater depth. Therefore, the recruitment of two participants for this study was suitable. The study was held at a location convenient to both participants.

The method of recruiting nurses involved using a flyer outlining details of the study. After I received approval from the Review Ethics Board (REB) at the University, I posted a flyer in the MN graduate lounge on a bulletin board (Appendix B), as well as distributed it electronically via MN student listserv (Appendix C).

Participants were selected on a first come-first-served basis and notified through e-mail. Participants who were not selected received a gratitude e-mail for showing interest. The email clarified they would be kept in mind incase further recruitment was necessary. Selected participants were sent an electronic copy of the consent form (Appendix D) outlining details about the study. Participants were encouraged to read over the consent form, and email their questions or concerns about the study.

Data Collection Process

Data collection involved the use of an adaptation of the Narrative Reflective Process (Schwind, 2008). As explained in Chapter Four, I combined participants' metaphor selections, and drawings (the sketch of participants' selected metaphor) that were associated with each participant's artistic instrument and journal writing. Throughout the study process I made personal notes (field text) (before, during, and after the study meetings), thus, allowing me to recall experiences with each participant when reflecting back on my research process. Below, I describe the components of meeting one, two, and the follow-up process.

Meeting One

The two participants and I met together. Participants were invited to ask questions to ensure they fully understood the study process prior to signing the consent form. I discussed some key areas, such as confidentiality and the process of data collection (i.e. audio recording). To provide participants with contextual knowledge relevant to my study, I briefly explained the research method (Narrative Inquiry) and the theoretical framework (Patterns of Knowing) that guided my research. Participants were reminded that the information collected from the study meetings, including their journals, would become part of my data collection, which I would compile, transcribe, construct, and re-construct into stories, and further analyze using the Patterns of Knowing in relation to relevant literature. After participants were clear about the study process, I proceeded to ask a number of questions (Appendix E) related to their use of arts in healthcare, which lead us into conversations about the use of arts in nursing. Participants shared their experiences engaging with the arts in their individual practices, as nursing students and nurses. I then invited participants to select a metaphor that best represented their self-as-instruments-of-care (Schwind et al., 2012), which became their pseudonyms within my study.

As the meeting progressed, I saw myself as a co-participant. I shared my artistic instrument (as described in the prologue) with participants. I talked about my creation process, my experiences related to Cystic Fibrosis (CF), and how I used my artistic instrument in my practice. I used a narrative interview guide (Appendix E) to encourage dialogue between participants, which lead us all into further conversations, thus demonstrating the personal-social dimension of experiences (Connelly & Clandinin, 2006). These conversations were audio recorded for the purpose of data analysis and to assist me in recalling participants' stories as they were being told at that moment in time.

According to Yang (2011), data collected through the form of journals allows for rich information that may not be captured during the study meetings. Thus, I provided the participants with their individual notebooks where they could sketch out their metaphor and write reflections about their artistic process. I ended this meeting by sharing examples of artistic ideas I came across during my research and practice. Providing examples gave participants an opportunity to observe creative approaches that they may find helpful when creating their own.

Meeting Two

Two weeks after the first meeting, participants were invited to present their artistic instruments. As participants shared their work and the significance behind their selected metaphors, I noticed myself becoming drawn into participants' stories. Each conveyed significant reflections relating to their work environments and nurse-patient interactions. A narrative interview guide (Appendix E) was used to assist with several open-ended questions relating to the study experiences of creating an artistic instrument and the meanings this had for them. Participants further talked about their overall thoughts on the role of arts in nursing. At the end of this meeting, I gave each participant a gift card and a certificate for participation.

Follow up Process

Following our second meeting, I sent participants the full transcript of our study sessions and provided them two weeks to review the document for accuracy. Once I received their feedback, I constructed individual stories, which I sent back to each participant for verification and approval. Finally, I invited the participants to choose a font style and size that would best represent their stories in my thesis.

According to Clandinin and Connelly (2000), *field experience* refers to the researcher's ongoing conversations with participants as they share their stories. For the researcher, this "involves settling into the temporal [past, present, and future] unfolding of lives in place or places" (Clandinin, 2013, p. 45). Therefore, through the back and forth dialogue with the participants I was able to obtain an inquiry space, which I refer to as *my field*. During my field experience I gathered information needed for my study. My field text consists of photographs of participant's artwork (artistic instrument), journal entries, metaphor sketches, and transcriptions of our narrative conversations.

After each study meeting with participants, I listened to the audio recordings before transcribing them verbatim. During the transcription process, I took note of various emotions and tones in each participant's voice, such as laughter, excitement, and enthusiasm. Once the transcripts were approved for accuracy by participants, I read and re-read them several times while writing my reflective comments, thoughts and ideas. I also noted recurring narrative threads and patterns, which later informed the analysis phase of my research.

Although I met with both participants together, I wanted to capture their experiences individually. This required me to continuously move back and forth between participants' stories. To assist me in constructing individual participant stories, I created two charts, which

allowed me to follow one participant at a time from the beginning to the end. I did not include my words (as the researcher or as a co-participant) within this chart, thus allowing me to obtain each participant's experiences as they were told during the study meetings. This process enabled me to transform the transcriptions into two individual and distinct stories.

Emerging Stories

Participants' story fragments were read twice to ensure that the majority of their words were used in the construction of their respective stories. I then re-read each story to ensure its chronological sequence. According to Clandinin (2013), this process notes the change in text from field to *interim research text.* Sending the stories to participants provided the opportunity for them to "co-compose storied interpretations and to negotiate the multiplicity of possible meanings" (Clandinin, 2013, p. 47). In other words, the participants were requested to read over their stories to verify that I accurately represented their experiences. This provided them an opportunity to make changes as necessary, such as providing clarification as well as removing and/or adding missed components (co-constructing). Once the field text was transformed into interim research text I was ready for the analysis process, which converted my text into *research text.*

Data Analysis: Three Levels of Analysis

For the field text and interim text to transform into research text, the data needs to be examined through the three levels of justification: the personal, the practical, and the social (Clandinin, 2013; Clandinin & Connelly, 2000; Clandinin, Pushor, & Murray Orr, 2007).

Personal Justification

The first level of analysis is referred to as personal justification and involves integrating myself, as the researcher, into the study inquiry (Clandinin, 2013; Clandinin & Connelly, 2000;

Clandinin et al., 2007). This involves reflecting on personal life experiences, insightful thoughts, feelings, observations, and possible inquiries that I may contribute as I engage in the storied experiences of my participants. This was accomplished by re-reading participants' stories, and listening to the audio recordings. Additionally, to assist me with this process, I read over my field notes and went over the stories of each participant in relation to my own personal reflections, emotions, thoughts, and insights. My reflections provided are based on my personal life experiences, initial reactions, thoughts, and observations, as the participants were telling their stories. Clandinin (2013) provides three main reasons for the implication behind the personal level of analysis. First, analyzing the field text in this manner allows me, the researcher, to bring meaning to the ontological experience within the research (seeing myself as being and becoming within my own study) (Clandinin, 2013; Clandinin & Rosiek, 2006). Second, this level of analysis allows me to recognize what I can contribute to the research inquiry. According to Clandinin (2013), this level of analysis permits me, as the researcher to ensure I am mindful of the stories I am living and retelling. Last, by understanding the relationship, as the researcher, I am clear as to who I am within the inquiry process, providing a sense of alertness to the study (Clandinin, 2013).

Practical Justification

The second level of analysis is the practical justification. In this level, as the researcher, I take a step back and focus on how the data impact my, as well as other nurses' practices (nursing profession) (Clandinin et al., 2007). Therefore, the focus during this level of analysis is to bring new awareness and provide shifting ideas to the existing knowledge (Clandinin, 2013). This is accomplished by reviewing participants' stories along with my own reflections and then merging both viewpoints (mine and participants') with the impact this may have on other nurses in their

healthcare settings. To assist me in analyzing the experiences detailed in the stories I draw out concepts from the patterns of knowing, which were identified in Chapter Three, and the three dimensional Narrative Inquiry space (temporality, sociality, and, place), which were identified in Chapter Four. Furthermore, I introduced literature that is relevant to the narrative threads that emerged during the transcription process.

As the researcher, I noticed myself continuously moving back and forth between my field and interim texts. In other words, during this process I found myself recalling the narrative conversations I had with each participant. As I listened, read and re-read their transcriptions and subsequent feedback I discovered that my insights into their co-constructed stories deepened.

Social Justification

The last level of analysis, social justification, is when I, as the researcher, look at the field and the interim texts with a broader lens. I move beyond participants' stories and look at the information in a wider context. At this level of analysis, I am required to answer the questions, "So what? and Who cares?" (Clandinin et al., 2007, p. 25). Within the social justification level of analysis, I discuss the significance of the participants' stories, elaborate on narrative threads from my study as well as scholarly literature and other relevant research. I then discuss the possible implications to healthcare in relation to education, practice, and research.

Rigour and Reflexivity

A Narrative Inquiry researcher is heavily involved with the research process from the beginning to the end. Thus, reflexivity as explained in Chapter Four, is essential to this study. In the upcoming chapters, the reader will notice how reflexivity is integrated within my thesis. As I engaged with the participants, I continuously noted my thoughts and reflections before, during, and after each conversation that took place. This reflection is in the form of personal notes,

similar to a journal, whereby I recorded my ideas, thoughts, and feelings allowing me to recall my experiences when looking back. According to Watt (2007), keeping a reflective document, such as a journal (personal notes) ensures the rigour in a study, since the researcher is able to recall her/his initial thoughts during the study.

Six Considerations in Narrative Inquiry

According to Connelly and Clandinin (2006), "as with all kinds of social science inquiry, Narrative inquiry texts require evidence, interpretive plausibility, and disciplined thought" (p. 485). In other words, a Narrative Inquiry researcher has to collaborate with the participants to ensure information is accurate to their lived and told experiences, thereby allowing the researcher to ensure accuracy of the participants' stories for future analysis. Additionally, the researcher needs to describe participants' experiences as they unfold during the research process. Therefore, it becomes necessary for the researcher to be mindful of the flow of participants' experiences as they re-construct the research text into narratives.

According to Clandinin et al. (2007) and Connelly and Clandinin (2006), there are six considerations used in Narrative Inquiry that can be applied to ensure the above-mentioned features are in place within the research inquiry. The first consideration is related to the way the researchers generate the research text. As the researcher transforms the information into research text, s/he would need to consider the three-dimensional Narrative Inquiry space, as explained in Chapter Four. This is evident during the data analysis process, when I change from the past, present, future (temporality), discuss the participants work environment (place), converse about the social and the personal (sociality) aspects of each participant's experiences, as well as incorporate my reflective thoughts in relation to my personal and professional experiences.

The second consideration involves the researcher's selection of literary forms. For my study, I use photographs of the participant's artistic instruments, as well as their metaphoric sketches. This allows me to provide a visual representation that I can refer to during participants' narratives. Throughout my thesis, I use metaphors to express several concepts, such as the Droste Effect. Moreover, I incorporate poetic prose, reflecting my understanding of the patterns of knowing as it relates to my nursing practice and development (personally and professionally).

The third consideration involves looking at research text (the narratives) and finding different meanings associated with the text (Clandinin et al., 2007). This consideration is evident during the analysis process, where my participants' research text goes through the above-mentioned levels of justification (the personal, the practical, and the social).

In the fourth consideration, narrative inquirers should ask questions about the research inquiry (Clandinin et al., 2007). Thus, allowing me to acknowledge not only participants, but also myself. However, this draws attention to the audience members who read my thesis, currently and/or in the future. Individuals engrossed in my study may experience their own insight triggered by the stories. In other words, reading this study invites the reader to inquire into her/his own experiences.

The fifth consideration is the judgment criterion, which is still currently being developed in Narrative Inquiry (Clandinin et al., 2007). According to Connelly and Clandinin (2006), the judgment criterion includes three-dimensional Narrative Inquiry space, along with the eight elements of study design, and is used for Narrative Inquiry research studies. These elements are described below.

The sixth and last consideration is when the researcher brings in the literature that is applicable to one's own research inquiry, thus displaying the social importance of the

researcher's overall study in relation to similar compiled studies (Clandinin et al., 2007). This consideration addresses important questions. The researcher needs to ask about her/his inquiry. In other words, as the researcher, I am able to consider my research as a significant contribution to current and future policies, and the overall practice related to my area of study.

The eight elements of study design. Based on Clandinin et al. (2007), the eight elements can be described as follows:

The first element is to provide a rationale as to why a study is significant and then incorporate the three levels of analysis. The second element is stating what the inquiry reflects. This becomes more evident to the reader during the first level of analysis (the personal justification). The third element "describes the methods used to study the phenomenon" (p. 27). This occurs when the researcher is mindful of everything that is occurring at the time of the study process. Moreover, the researcher must describe ways the data is collected, which becomes the field text for the researcher. The fourth design element involves how the field text merges into research texts followed by the researcher's description of the analysis and interpretation of the study process. The fifth element of design is the overall view of the researcher, which, in my thesis is apparent from the literature review provided in Chapter Two. The sixth element involves the individuality of each participant's experiences and the new knowledge that develops after the researcher engages in the analysis process. The seventh element includes the ethical considerations, which will be addressed shortly. Lastly, the eighth element involves the researcher's conscious process of expressing the research text into narratives.

Ethical Considerations

At the start of this research process, approval was obtained from the University's REB. According to Smythe and Murry (2000), it is crucial to maintain privacy of the participants in a

study. As a result, participants should have a pseudonym to conceal their true identity (Creswell, 2013). Thus, participants and I engaged in conversation about using their selected metaphors (their self-as-instruments-of-care) as their pseudonyms, which they both mutually agreed to.

It is imperative for a Narrative Inquiry researcher to understand the participants' stories as they are lived and told individually (Clandinin, 2006). Although both study meetings were held as a group, stories were emailed individually to participants for their consideration. This approach further ensures a sense of openness and trust between the participants and me (Creswell, 2013). Also, while conducting the literature review outlined in Chapter Two, two studies revealed the possible risks associated with the application of art, as participants were requested to express themselves in a creative manner, which could lead to feelings of apprehension and uncertainty (Casey 2009; Price et al., 2007). Hence, I advised participants to contact me should they experience any challenges or discomforts during the construction of their artistic instrument. At the beginning of my study, participants were notified that any photographs and audio recordings taken would be stored on an encrypted password protected USB, which was done. Journal entries by the participants were photocopied and the original entries were returned to them. Furthermore, The USB is stored in a home office in a secured locked drawer as per REB approval and will be kept for a period of five years, which will then be destroyed.

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Chapter Six uncovers the narrative interviews that took place during both study meetings. Thus, demonstrating the developing research relationship between participants and me.

CHAPTER SIX

PAINTING THE IMAGES ON MY RESEARCH CANVAS

Stories Begin to Take Shape

I have reached the point in my investigative process where I am ready to paint images onto my research canvas. I imagine myself in an antique store. I am intrigued by the two unique antique pieces that are situated fairly close together: the piano and the funnel. Surprisingly, the piano looks refurnished, as some of its parts have been restored. All the piano's keys are in place and appear newly polished. Right beside the piano I notice a hard wood dresser, where I see the funnel. The funnel's shiny metallic silver appearance is what draws my attention. As it turns out these antique pieces become metaphors. Back in the present moment, I now look at the blank canvas in front of me, and I am an artist ready to paint.

Reflecting on my participants' creative self-expressions I come to more fully appreciate their selected metaphors. For me these metaphors embody their stories and deepen their emerging insights. This prompts the idea that I use their metaphors as pseudonyms to represent them in my study. During our subsequent conversation, I share my idea with them. They both readily agree.

In this chapter I introduce the narrative interviews between Piano, Funnel and me. This chapter is significant as it demonstrates how we re-construct our experiences: within relationship, over two research meetings, and in a chosen meeting space. Conducting our study meeting together shows our collaboration as a group of nurses, as well as it demonstrates the relational aspect of Narrative Inquiry. Together, we shared and learned with and from one another, thus enriching our respective experiences.

Meeting One: Narrative Interviews

Date: January 13, 2014 **Time:** 1600 to 1800

I arrive to the university with my tape recorder and the journals to give to participants. As I set up the room, I think about both participants coming to our meeting straight from their classes. I start to consider the Narrative Inquiry term *landscape or place* as I described earlier in Chapter Four. I remain aware of my physical environment and the location I have selected to conduct the interview.

Just before participants arrive, I feel uncertainty mixed with excitement to conduct my first research meeting. My mind wanders off into thoughts and anticipation of conducting a study. I find myself asking several questions: "How will participants perceive my study? How will my meeting unfold? I begin to hope that participants find this experience useful, and that it offers them awareness to how art as a medium, can be implemented in nursing.

My thoughts are interrupted by a knock on the door. The two participants arrive together smiling as I welcome them into the room. Once we settle in, I introduce them to my study and provide them with a consent form, which they read and sign. I present how our first meeting will unfold and invite any questions or clarifications. There are none, and so we begin.

I open with a brief discussion about Narrative Inquiry and the theory of Patterns of Knowing. I am pleased to know participants are familiar with the selected theory. I start our narrative interview by encouraging conversation about arts (as a medium) in healthcare, which then leads to the discipline of nursing. As we converse, I acknowledge the similarities between participants' responses. We address the lack of attention, integration, and funding for the arts within the nursing profession. Our conversations progress to talking about the barriers nurses

experience when it comes to artful expressions in nursing, specifically time constraints and patient workloads.

I invite the participants to recall and share situations in clinical practice where they engaged in the arts. Piano discusses her choice of using art (as a medium) to depict learning from her practicum as a graduate student, and comments, "I think it stuck with people differently than if I would have done maybe a presentation." Funnel tells us about her work environment in the hospice, "We would ask children to explain through drawing for instance, how they interpret their father or mother is going to be once they die. It was very interesting. They [children] all had different types of meaning." We then consider the benefits of art in fostering individual's ability to express feelings or emotions, for which words are hard to find.

As the interview continues, the participants provide insight on their learning styles and explain that learning for them as nursing students was frequently encouraged through application, such as lab simulations. When teaching their patients and families, both discuss the use of visual aids along with application of knowledge. Funnel continues to provide an example of when she teaches her patients to put on a colostomy bag, "I will tell them how to put it on, how to wash the stoma, and how to apply it. When I teach them about self-care, they do it on themselves." Piano shares how arts in the form of music can be used for a therapeutic purpose, "We have patients listen to the radio, more of a type of relaxation technique." As our narrative interview progresses, Piano and Funnel speak of their passion for nursing and share their own journeys of entering the profession. These stories are detailed in their respective chapters, Piano in Chapter Seven and Funnel in Chapter Eight.

During our narrative interview I share my artistic instrument and how I came to create it. I feel it would provide participants with an example of an artistic instrument, as well as an insight into how I view my nursing practice.

Sharing My Artistic Instrument

I begin by sharing my artistic instrument on Cystic Fibrosis (CF). However, I remain mindful of participants' feelings and do not want them to be under the impression that I expect them to create a similar piece. Therefore, I provide other examples from my research and nursing practice. These are intended to provide participants with diverse options of topics (e.g. dementia, pregnancy, cancer, and mental health) and artistic mediums (e.g. paint, photography, and clay) they could choose for their own artistic instruments. I strongly believe that as nurses, we have the potential to express our creativity in various ways, as well as obtain our unique meanings from these experiences. Thus, as a researcher I try to remain cognizant to this by ensuring participants do not feel limited in any manner. In other words, my aim is for participants to create an artistic instrument that is true and unique to their individual nursing practice experiences.

As I share my artistic instrument, I remain aware that participants are beginning to understand how art can be used to portray a medical diagnosis and health concepts. Both Piano and Funnel communicate their experiences and knowledge of working with patients living with CF. I appreciate the thoughts and the connection they draw from the images and symbols I used within my artistic instrument. Moreover, I observe a positive change in participants' tone of voice (higher pitch) with enthusiastic facial expressions (focused attention, nodding in agreement), as they share their thoughts about their application of arts in nursing. I sense that Funnel and Piano are beginning to perceive patients living with CF more holistically. By holistic

I mean that the different dynamics (i.e. emotional, physical, social etc.) of patients' lives are taken into account.

Funnel expresses her growth in understanding as she shares, "I was able to look at it [the diagnosis of CF] with a broader perspective, but breaking it down really made me go through the journey of the child with CF." Piano comments "I think it [my artistic instrument] gave me more of an emotional connection. I have never really actively seen someone struggle with CF." Funnel's remark deepens our conversation. She realizes that each artistic symbolic representation can hold different subjective meanings based on one's experiences. She notes, "It was interesting how your perspective of doves was so different, yours symbolized hope, but mine symbolized death." See Figure 4 (p. 4) and Appendix A (p. 156).

This comment makes me think back to the time I presented my artistic instrument to a group of nursing students, when one student expressed a similar comment on how the image of the birds made her think of death as opposed to hope. For me, these comments validate that art is subjective based on one's personal and/or professional experiences. In other words, individuals creating and/or viewing art are entitled to their own interpretations, which are dependent on personal preferences, differencing perspectives, and individual conceptual understandings of lived and/or told experiences.

I am happy to see Funnel and Piano broaden their perspective about connecting and implementing art as a medium into nursing practice. Funnel remarks, "You giving them [patients with CF] a voice really inspired me to give my own patients a voice. You provided a great advocacy lens." Piano comments, "It [artistic instrument] just reiterates what the struggles are of CF patients and what they have to deal with." At this point I feel as though the participants are becoming enthusiastic about creating their own artistic instruments. Our discussion then

progresses to whether participants use art in their work settings for teaching purposes; both reply optimistically. Piano shares,

> Depending on the situation, a lot of the patients are intubated so they cannot talk. I find it really good when you get them [patients] to draw or when you get them to hold a clipboard with a pen and they can try to describe things to you. I think it's something that can make it easier for communication.

Funnel adds to the conversation, "We get a lot of patients who are end of life and they are not able to communicate. It's very helpful to utilize that type of approach for families, in regards to bereavement and how they feel." The direction of our conversation leads me to believe that both participants feel art to be a useful way to promote communication. As the meeting comes to an end, I distribute the journals in which participants record their reflections and ideas. I read out the questions that I would like the participants to answer before and during the creation of their artistic instrument (Appendix E). I remind participants that their stories will be co-constructed, using most of their words from our transcribed conversations and their journals. I invite participants to discuss any potential ideas they may have relating to their artistic instrument. Also I welcome participants to email me any questions, thoughts, and/or ideas regarding their own artistic instruments. At this point both Piano and Funnel thank me for the study meeting. Piano leaves, but Funnel stays behind to discuss her emerging ideas about her artistic instrument. Initially, Funnel appears uncertain about her thoughts and areas of interest. During our conversation she tells me, "I have so many [ideas]." As Funnel begins to share, she speaks mainly about her experiences in a palliative care setting. I can feel and see her body language and tone of voice fill with passion and enthusiasm. When Funnel asks me what I think about her ideas, my researcher-self remains careful not to reply in any way that may influence her artistic

expression, whereas my nurse-self, and my artist-self find it challenging to hold in my thoughts and feelings. To my surprise I remain neutral and immediately began to ask probing questions, such as, "What is the most significant area for you? Is this experience meaningful to your practice and for your professional development?" I find myself reassuring Funnel that she is on the right track. At this point I feel eager to see what will unfold from our conversation. Right before Funnel leaves the study room she comments, "You really opened my eyes to CF and how nurses can utilize art to not only communicate, but improve professional practice." Her words stick with me during my journey back home. I feel that she appreciates the role of arts in nursing. I feel content that my first study meeting went well.

Between Meeting One and Meeting Two

Date: Between January 13 to January 27, 2014 **Communication:** Through e-mail

This time period allows for participants to create their own artistic instruments. However, I offer my time in person, or through email or by phone, to answer any questions that may arise for them. I regularly check my e-mail to see if participants' have any questions for me. Participants do not have questions for me during this period, other than sharing their topic of interest and the medium they intend to use to create their artistic instruments. I feel that it is important to keep the lines of communication open with one another and remain available to provide the support if needed, even when participants are working independently. I decide to use this time to transcribe the audio recordings from the first meeting. This allows me to gain insight into Funnel's and Piano's thoughts and their enlightened perspectives on the arts as a medium in nursing.

Meeting Two: Individual Artistic Instruments and Narrative Interviews

Date: January 27, 2014 **Time:** 1600 to 1800 **Place:** A meeting room at the university

During the day, my mind drifts into thoughts about meeting Funnel and Piano again, as I am ready to see what they have created. Before I head to the subway I re-read the short e-mails they had sent me on their selected topics. On my way to the university, I begin to ponder participants' work environments and the possibilities of their artistic instruments.

As I approach the university and proceed to our designated meeting room, I notice it is occupied with other students. I wait outside in anticipation to hear participants' experiences of creating their artistic instrument and what this process was like for them. Both participants arrive together, looking excited to share their individual artistic instruments. Piano offers to share first. Her artistic instrument is based on a patient's experience in the Intensive Care Unit (ICU). Piano expresses her patient's feelings about the length of her stay in the ICU. As Piano continues to explain her artistic instrument, I notice her emphasis is on how the patient made her feel and think rather than the patient's diagnosis (which was interestingly not mentioned at all by Piano). This makes me think of the differences in the way people conceptualize their experiences. Like Piano, I find that experiences that make me feel a certain way or think differently stick with me longer than factual information (i.e. a patient's procedures or a diagnosis). While listening to Piano's story, my mind thinks back to paediatric patients and their families that I admit on a regular basis, and the number of days and months they remain in the hospital. While Piano shares her concerns and empathy for her patient, I relate to her experience. Piano tells us the importance of appreciating patients' progress in the ICU, celebrating small goals (i.e. being able to eat again), and having empathy for patients.

As Piano's explanation comes to an end, our attention moves to Funnel, who speaks about her experience of a patient diagnosed with metastatic lung cancer, and had been admitted for a blood transfusion due to low hemoglobin levels. Funnel describes the rapport she tried to build with her patient, only to discover that the patient's goals differed from those of the healthcare team. Funnel's shared experience highlights the importance of advocating for patients, listening to their concerns, and being able to approach the healthcare team to accommodate patients' wishes. During Funnel's explanation, she expresses her struggle between the healthcare team's focus on curative and her own holistic approach to care.

Our interview discussion shifts to what it was like personally and professionally for participants to create their artistic instrument. We then consider how arts as a medium in nursing practice could best be implemented and whether the concept of an artistic instrument should be promoted in nursing schools, among students, and faculty members.

I then acknowledge both participants for their time. I pack my belongings and head back to the subway. On my way home, parts of the conversations from our meeting echo in my mind. I think about participants' selected metaphors. I value participants' lived and told experiences revealed by our conversations and their artistic instruments. I realize each participant shares segments of a story meaningful to her personal and professional life.

Although the study meeting occurred collaboratively, I draw my attention to participants' stories individually, thus, demonstrating the personal-social dimension of Narrative Inquiry. I am reminded that our experiences may hold similarities. However, the way our experiences resonate with each of us may be different. Therefore, I purposefully decide to separate participants' stories into two chapters. In doing so, I show that the process and the product of creating an

artistic instrument is exclusive to participants' experiences, while recognizing through the three-dimensional space of Narrative Inquiry the relational impact of our small group encounter.

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In the next two chapters I re-tell Piano's (Chapter Seven) and Funnel's (Chapter Eight) stories.

CHAPTER SEVEN

MEANING BEHIND THE IMAGES ON MY RESEARCH CANVAS

Piano's Story

As I step back from my canvas, I focus on the image of the piano. I begin to notice its different angles, its shape, and symmetry. Again, I imagine myself at the antique store. I visualize touching the surface of the piano and observing its finer details. The patterned engravings on the piano intrigue me. Each pattern appears to be systematic and organized. The attention I draw to parts of the canvas is similar to the critical attention to the details with which I approach Piano's story.

Piano chose Arial, font size 12 to visually represent her story. I find this font to be intriguing, systematic, and organized, just like Piano herself. I integrate the three-dimensional narrative inquiry space, by moving backwards and forwards through temporality, sociality, and place of the told stories (Connelly & Clandinin, 2006). I present the first level of analysis (personal justification), whereby, I reflect on Piano's story and interject my thoughts, feelings, observations, and personal inquiries throughout her story as my researcher-self, using Times New Roman, font size 12. In this way, I demonstrate how the relational aspect (dimension of sociality) of Narrative Inquiry unfolds throughout our conversations.

First Level of Analysis: Personal Justification

Piano's Story

My journey into nursing. I am a nurse working in the ICU and am currently completing my Master of Nursing. When looking back to what led me into nursing I reflect back to my childhood. I believe it was my family's involvement with healthcare

that directed my interest in considering the sciences. I thought about nursing, I felt I could do most things I wanted to accomplish through nursing.

Researcher-self: Piano seems to have acted on her interest in health sciences and her desire to help and interact with others. It is noteworthy that our environment can influence and inspire us to make fundamental decisions within our lives, such as our career paths. I feel as though Piano was referring to the different opportunities that are embedded within the nursing profession in her statement, "I could do most things I wanted to accomplish through nursing." Like me, Piano is passionate about the nursing profession and has the drive to seek out opportunities that interest her and foster growth to her overall nursing practice and future development.

I also found the experiences in my clinical placements during my undergraduate nursing education challenging, but I enjoyed them. Throughout my nursing journey I moved through different settings based on various learning opportunities available in combination with my interest, which led me to the ICU.

Researcher-self: I can relate to Piano's challenges faced in nursing school. I recall feeling as though I wanted to do more for patients, yet felt restricted due to my lack of experience. As a result, these feelings of restriction led me to also feel frustrated, reluctant, and dependent on others (colleagues, nurses, practicum instructors etc.). I still remember my first patient. She was an elderly woman diagnosed with a mental illness, with no family, legally blind, and spoke limited English. I remember asking myself: "How would I be able care for this patient? "I also recall the first time I saw a baby in the ICU with an open chest, I wondered, "How someone so tiny could undergo such a huge procedure." As a nursing student, my experiences felt frightening, unfamiliar, and at times overwhelming.

Myself as a nurse. I am driven, accountable, consistent, and compassionate. I see myself as a piano [Figure 10]. I grew up playing the piano and enjoyed it. To me a piano plays different tunes, the sounds lead to music…and it's therapeutic. The more you practice the better you become. Each time you play the piano your experience always comes out different, not to say the outcome is better or worse, it's just the way it is. When I think of how the piano relates to nursing… just as I would continue playing the piano I continue to work towards improving my nursing practice. I may not know where it [nursing journey] will lead me, but I am going to remain optimistic about my nursing practice.

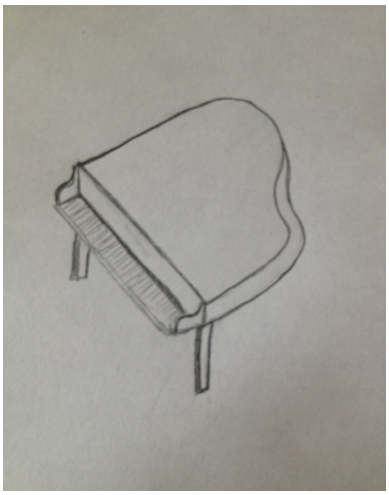

Figure 10. Piano's Drawing of her Self-As-Instrument of Care

Researcher-self: During conversation with Piano, I came to discover the drawing she provided represented the piano she played during her childhood. I enjoyed Piano's positive energy, acceptance, and willingness to pursue new opportunities that support her professional growth as a nurse. Her choice of metaphor is uplifting for me as it is similar to the way I feel about my nursing practice. Like Piano, I too strive towards opportunities that lead me to improve

my nursing practice, such as attending nursing conferences and practice related workshops, as well as furthering my formal education in graduate school. Piano's observation, "each time you play the piano your experience always comes out different" resonates with me when I think about patient care. Although there are many similarities between situations within my practice, each encounter I have with a patient differs, as each person has her/his own unique goals and needs that require individualized attention, and hence produce a different outcome.

My artistic instrument. When I think back to the experience I have had with my patients in the ICU, a situation that really sticks out in my mind is the time when one of my patients, I'll call Mary, commented on her length of stay in the ICU.

The unit I work on is open concept. There are curtains to draw closed, yet we [nurses] try to keep them open so that the light can shine in. Mary had a tracheostomy at the time, as she still required mechanical ventilation. She and I communicated through hand gestures and writing. I had the opportunity to look after her more than once. During one of my shifts I remember she saw a patient across from her leaving. Mary inquired if the patient was leaving the ICU. As I nodded yes, I noticed that she had written down a message to me: "He has only been here for two days. This is not fair." I could understand her frustration, as she had been here for many more days, and had gone through a lot more than he has. Yet, she still remained in the ICU. I tried to empathize with Mary, but there was not much I could really say to provide her with a sense of comfort. She remained in the ICU mainly because she required ventilation.

Researcher-self: Listening to Piano express empathy for her patients makes me think of my interactions with the children I see coming in and out of the hospital. They have chronic and complex care needs. I acknowledge comments from families when they notice other patients

being discharged after only a brief admission. Sometimes they say the hospital is like their second home. I notice tally charts at patients' bedside outlining the number of days they have been at the hospital. Although I feel that a hospital should never be considered a "home", as a nurse, I have come to realize that for some families this statement becomes an unfortunate reality.

As a nurse working in the ICU, I find it important to emphasize the 'little things' that patients have accomplished. For example, to motivate Mary, I encouraged her to try taking breaths on her own so that we could remove her ventilation support for an hour that day. I find it challenging, yet inspiring to give patients the emotional support they need when they have been in the ICU for an extended period of time.

Researcher-self: When I know how critical patients can be, I find it challenging to respond when patients inquire, "How long will I need to stay at the hospital?" I want to provide answers that appeal to them, yet this is hardly ever possible, due to the critical nature of their illness. The inability to provide a definite answer and the feeling of uncertainty regarding patients' condition and/or outcome is often frustrating, unsettling, and frightening for me as a nurse. Frequently, I struggle with this tension, wanting to provide patients with complete information, while, I too am uncertain about the outcome. Perhaps this is because I do not want to be dishonest or provide patients with false reassurance. However, as nurses we can provide our patients with the support necessary in aspects of their care that we are certain will benefit them, as shown by Piano when she positively motivates Mary to take her own breaths rather than continue to depend solely on a ventilator.

It is this experience, with Mary that I chose to base my artistic instrument [Figure 11] on and call it the “ICU Struggle.”

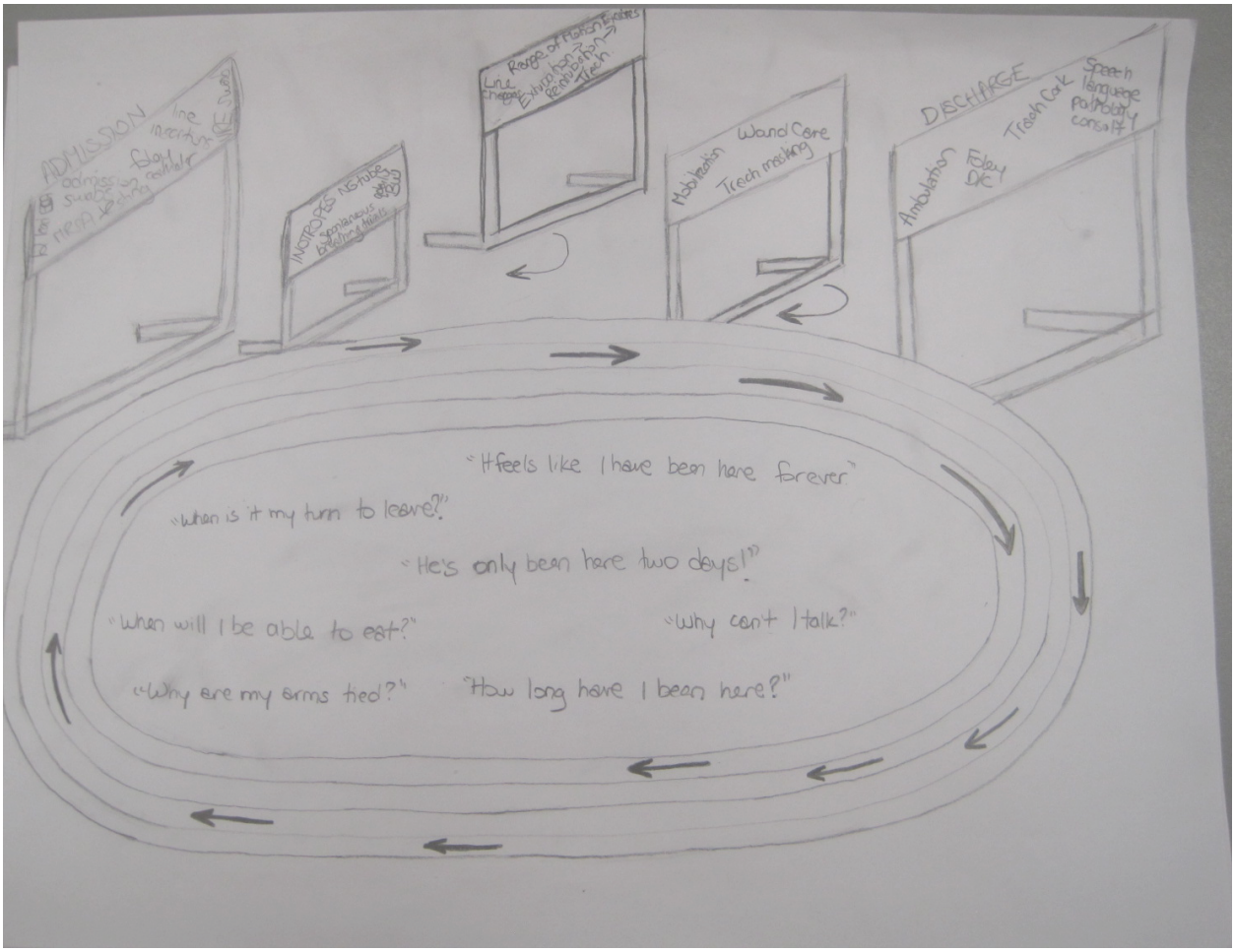

Figure 11. Piano’s Artistic Instrument: The ICU Struggle

I see the ICU as a racetrack that consists of various hurdles that patients have to jump over before they get discharged. I find a big part of being a patient in the ICU is that they have to go around and around on the track, and wonder when they will be getting off. As healthcare providers, we often lose sight of all the procedures that patients need to undergo, ECGs, IVs, swabs to test for MRSA, Foley catheter insertion, and so on. For healthcare providers, all these procedures become a routine part of a patient’s admission, yet to patients they are uncomfortable, painful, and frightening

procedures. It is nice to see patients progress in the right direction, like breathing on their own and getting extubated. However, it is challenging as sometimes patients deteriorate and go back to where they started. I can just imagine how scary it must be for patients not to be able to breathe on their own anymore.

I find it sad that sometimes healthcare providers become so caught up and start to normalize what is being seen in the ICU environment. We fail to realize the patients' struggle in the ICU and their questions: "How long have I been here? When will I be able to eat? Why are my arms tied? It's only been two days? When is it my turn to leave?" As a healthcare provider, I really try to keep my patients in the loop as much as possible, reorienting them as frequently as needed, and having clocks within reach. I find for us it becomes just one more day that we work, but for our patients it's one more day that they are there.

Researcher-self: Piano's drawing of a racetrack relates to the way I sometimes see my practice environment, especially during a busy shift. At such times I feel as though I am playing a video game, where I have to complete several levels by the minute (numerous procedures and tasks), while dealing with other demands, like phone calls, documentation, and call bells. My "bonus points" represent the meaningful aspects of the care I provide (provide patient-teaching without any interruptions or staying with an infant patient so that parents can take a shower).

Piano's comments make me think of how essential it is to keep patients and their families updated at all times. Understandably, families of pediatric patients are continuously worried for their child's well-being, triggering them to ask numerous questions throughout the day to ensure they remain updated with their child's progress. When thinking back to the young patients I care for, I am aware of how my interest in CF heightened after I created my artistic instrument.

Through deeper conversations with patients and their families, as well as colleagues, I became more mindful of the challenges individuals living with CF experience on a daily basis. I started to create a more complete image of what this must be like for them and their loved ones.

Piano's last statement, "it becomes just one more day that we work, but for our patients it's one more day that they are there" resonates with me. As nurses we are exposed to so much and sometimes we become desensitized to all the tests and procedures patients undergo. As expressed by Piano, oftentimes the tasks we carry out become somewhat of a routine, yet for our patients it may be the first time they are undergoing a certain procedure and so they may be terrified. I believe it is important not to lose sight of patients' perspectives and to remain sensitive to their questions, progress, and the way we interact with each of them.

Piano's statements make me think back to my initial interaction with patients living with CF, prior to creating my artistic instrument. Similar to Piano's comments, I believe I was becoming fixated on task specific care and felt that my care was becoming a routine. It was not until I reflected about my nursing practice that I realized something was missing. Through reflective practice I recognized the need to also consider care from patient's perspective. This recognition brought a greater meaning to my nurse-patient interaction. Piano's statements also remind me to always consider the individuality of patients and their families, as their thoughts, needs, and goals are unique to each of them. As healthcare providers, we should take time each day to acknowledge and integrate such person-centered care practices into our plan of care.

I think that as healthcare providers we sometimes forget about the challenges and frustrations that our patients may undergo and what a huge accomplishment it is to be able to overcome certain hurdles within the ICU. For example, removing a patient's Foley catheter, corking a tracheostomy, which was once attached to a ventilator,

assisting a patient to eat and ambulate, and so on. I just think that we need to acknowledge patients' experiences and the struggles they face on a daily basis, and provide communication to keep them informed at all times. Although we do not want to provide false hope, I think it is important that we empathize with their struggles, overall experiences, and be with them to appreciate the smaller steps that lead them closer towards becoming discharged.

Researcher-self: Piano's comments prompt me to recognize that as nurses, we need to become more aware of patients' experiences within the hospital. It is important for nurses to remember that at the end of the shift they get to go home, whereas patients do not. Piano reminds me to remain empathetic to patients' situations, as this may be one of the most challenging experiences they and their families may endure.

I am pleased that on the unit that I work, many nurses acknowledge patients' progress and use the in-house services (i.e. chaplains services, child life) to provide them with the needed encouragement. However, I did not find that so much when I was a student during my undergraduate program, working with the adult population. I believe there is a need to provide more positive reinforcement and ensure that we, as nurses incorporate this into the care provided in all healthcare settings. Despite one's age, providing words of encouragement and motivation are small gestures that we as nurses can make. Not all patients may be positively impacted by such gestures; however, its potential cannot be realized without a willing nurse who makes such attempts.

Creating my artistic instrument. I felt a bit overwhelmed. At first, I was hesitant as to what I would create and how I would do it. I questioned, "Would it look ok? Would it work out? Will the picture I create be perceived in the right way?" Initially, I found it

hard to connect nursing with art. After viewing a few examples, I began to see various possibilities of how art could be associated with nursing and that it could depict health concepts in ways that I had not thought before. I was able to look at certain situations with a new perspective.

When constructing my artistic instrument I chose to use pencil and paper as my medium. I wanted to demonstrate that illustrating a message could be accomplished in a simple and affordable manner. I found myself creating my artistic instrument at home and in between my shifts. My biggest challenges were related to time constraints and to ensure others would understand my artwork.

Researcher-self: I respect Piano's honesty about her uncertainties in creating her artistic instrument. Creativity is a very personal expression, and if someone else does not understand or approve of it, it could be difficult to accept. I acknowledge that this experience may have made Piano feel as though she was taking a risk. However, her ability to take on such a task, despite the unknown outcome, makes me appreciate her sense of boldness and bravery.

Piano's observation about time constraints takes me back to when I was creating my artistic instrument, as I too would often work on this in between my shifts. The only difference was that my artistic instrument was not a part of a study and I was not enrolled in my Master's program. I wonder what Piano's experience would be like if she had additional time to further her ideas without the pressures of my study's deadlines.

When thinking of the images I could use for my artistic instrument [Figure 7] I thought back to my life. I realized I relied on extra-curricular activities to keep myself grounded. Growing up, I ran a lot of track as a child and later in university I ran hurdles. While creating my artistic instrument I kept this experience in mind. I thought back to the

time I ran track. I remember jumping hurdle after hurdle and recall having to re-do certain steps several times before getting to the next, which potentially meant I was closer to the finish line. As I was creating my artistic instrument, I tried to incorporate as many patients' experiences as I could recall. My artwork made me think of my personal experiences, when my partner was admitted to the hospital for a lengthy stay. I think seeing him struggle made me appreciate my patients' perspectives. I noticed some healthcare providers were more engaging than others. I remember nurses that provided support and hope at various stages of my partner's recovery. While constructing my artistic instrument, I felt that I was able to give a voice to my patients, mainly to those who were unable to communicate.

Researcher-self: I find it interesting that Piano's selected images for her artistic instrument and her selected metaphor reflect back to her personal experiences of growing up playing the piano and running in the track and field, and later hurdles, in university. I consider words associated with playing a piano and running a track. Words such as speed, efficiency, discipline, a systematic process, training, determination, progress, challenges, perseverance, anticipation, and hope come to mind. Thinking back to my past experiences as a clinical extern in the ICU and now my conversations with Piano, I draw resemblances between running track and playing a piano, and my observations of nurses and patients in an ICU environment. Nurses need to be very skilled in how they carry out their care for the critically ill patients. They often seem to have to overcome unexpected challenges on a daily basis in order to support their patient's healing. Similarly, the notion of running the track with hurdles can reflect patient's journey through the healthcare system, needing to overcome numerous steps to reach the "finish

line" (discharge from the ICU). In other words, both nurses and patients face daily "hurdles" as they strive to stay on the path towards a hopeful recovery.

Often when we undergo a difficult situation in our life, like Piano did with her partner's hospitalization, we tend to have a greater sense of empathy for others experiencing a similar situation. I also remember the times I used my artistic instrument to facilitate discussions with new graduate nurses about CF. Similar to Piano's sentiment, I too felt that by sharing my artistic instrument and the practical knowledge with them, I was also giving patients with CF a voice.

I sighed with relief after constructing my artistic instrument, especially when I knew my message was portrayed, as I desired. Through this experience, I understood the importance of reflection. Over the past few years, between working and going to school, life has become busy. I never really have time to reflect about a situation. There is just no time at work to think and ask myself, how could I have done better as a nurse in a certain situation? It is often at night, while I sit on my bed that I think and reflect about my day.

Researcher-self: Piano's comments resonate with my own feelings as I wonder and question how many nurses can relate to the lack of time given for reflection. As I listen to Piano's story, words that are frequently associated with the nursing profession come to mind: burnout, stress, compassion fatigue, and emotional/moral distress. As Piano similarly expresses, I too find as nurses we have a strong determination and aim to help and care for others. Yet, in the process we frequently neglect to reflect on how patients experience their illness and various treatments, and even less so on our own experiences as caregivers.

When constructing my artistic instrument, I felt that I gained a deeper understanding for my patient's frustration in the ICU. Reflecting in this way allowed me

to view patients differently and feel more connected to them. It brought back the significant role of a healthcare provider to re-orient and aid patients to cope with their unique situations. Through my illustration, I was able to view each patient individually and ask myself questions, "What do patients need out of the two, three, or more days I may be caring for them? What are the goals they want to achieve?"

Researcher-self: I am happy to hear these comments from Piano. I notice she expressed positive aspects of creating her artistic instrument, such as an increased awareness and emphasis towards providing care that is focused on patient's goals. After I created my artistic instrument, I too felt more connected to patients with CF. I noticed myself engaging in more conversations with them and asking them person-centered questions, such as "So what is your plan for the day?" and "Do you have any questions for me today?" Moreover, I feel that Piano found a greater meaning behind caring for her patents, thus demonstrating how reflecting through art may increase empathy for oneself and for others, a very important part of person-centered care.

I have mixed feelings about sharing my artistic instrument. I just think it is a personal reflection and with art being so subjective, I would feel strange if others were to provide me with feedback on my work, which I understand may not resonate with them in the same way as it has for me. However, if I was given the opportunity and time permitting, and if others were interested, then I would be open to sharing my artistic instrument, but only with nurses.

Researcher-self: I am reminded of the time I was approached by a colleague to share my artistic instrument. I too felt slightly hesitant; however when I think back, I am glad I said yes to the opportunity. I realize that art is subjective and at times can be very personal. I now recognize why people frequently shy away from sharing their creativity.

Piano's comment of sharing her work with "only nurses" made me think back on a personal experience. I recall a time when I attended a multidisciplinary knowledge translation workshop, where I had brought along a copy of my artistic instrument. This was before I started to use my artistic instrument to teach new nursing staff and students. During the break, when the individual leading the workshop noticed the image of my artistic instrument on the table, she inquired further about this and requested if I could share it with everyone. I was unsure if I wanted to share my work with other healthcare providers. I remember feeling slightly anxious and wondering if I would be able to explain all these images clearly. I asked myself, "Will they understand the concepts I am trying to convey about CF? How might they perceive the CF diagnosis presented in the form of an art piece? Will they take my artwork seriously?" After the break ended, my thinking shifted to what a great opportunity this would be for me. I began to contemplate, What if my work provides useful ideas to others? At that point I found the courage to take the opportunity. After sharing my work, to my surprise, others found my artistic instrument to be innovative and insightful. Shifting back to Piano's statement along with my own uncertainties of sharing my work, I think we are more comfortable within our own profession, as we feel other nurses can more easily relate to our professional experiences. My shared experience made me realize that although I was initially hesitant in sharing my work with other healthcare providers, I found this experience enabled me to take further risks, which may have led me to where I am today (nurse-self to researcher-self). I imagine there will always be a feeling of discomfort when placed in a state of uncertainty, which creative self-expression often seems to bring, as it did for Piano and me. Perhaps this may be due to fear or judgments, lack of confidence, differences of various opinions and so on. Yet, I strongly believe that as healthcare providers, if we are not willing to sometimes place ourselves in situations that are new and

conceivably challenging, we may not realize our potential for further advancement and growth on a personal and professional level.

I would say my overall experience of being in this study has benefited me in both personal and professional ways. Personally, I gained new insight into a different way of reflecting on situations. I started to think that drawing situations that stick with me could be a way I make sense of them, rather than letting them run over and over in my mind, without taking any action. This process allowed me to recognize the value of self-reflection, which is an area that I would like to improve in. Professionally, this experience has made me grow as a nurse in a different way. I find that I would like to become more attentive and make more time for daily "feel better" practices for my patients. I would like to go beyond the norms and expectations of my role as a nurse.

Researcher-self: I am happy my study experience was meaningful to Piano. Through her comments, I am reminded of how important it is to acknowledge what healthcare providers often classify as the "little" tasks. By doing so, they may not only lose sight of their significant impact to patients' lives, but also to their own quality of practice. Over the years of working as a nurse, when I look back to the interactions I have had with patients and their families, I find that it is often those tasks that I considered as the "little things" to be the most important and meaningful. For example, updating a patient communication board on a night shift with information that parents are eager to know first thing in the morning (fevers, oxygen requirements, medications given), decreases their anxiety, and opens doors of communication. Although it may appear that these actions are minor, I find that they are the most memorable for patients, their families, and for me.

Nursing is like playing the piano. As a nurse working in the ICU, I feel content about where I am. I look at what my future may hold and know for certain that I really enjoy patient care. However, I feel that to make the greatest changes I cannot be at the bedside in the same way I am now. I think I am internally struggling with this, I would like to mature as a nurse, yet I worry this growth may lead to less direct patient interaction. My Master's program has shown me the value of research and I would love to be involved with this, except I worry I would not see the day to day anymore. I realize I am happy with where I am.

I am going to keep playing the songs on the piano even if they vary in lengths. I know practice will lead to improvement and as I continue to practice I will enjoy each step along the way. In my nursing career I have decided that I will continue to learn, grow, enjoy the process, and see where my journey leads me.

Researcher-self: I have experienced similar challenges to Piano. Friends and family would ask, "Are you going to become an educator? A manager? Does this mean you won't be doing shift work?" As I progress through my program, I realize I do not have to step away completely from direct patient care, nor do I have to change my position, the choice is individual. For me pursuing my Master's is about fostering my skills in research, leadership, and overall, is to advance my nursing knowledge by broadening my perspectives. I wonder how many bedside nurses refrain from entering a Master's program due to similar concerns expressed by Piano and me.

Quite often completing a Master's may result in a change in a career position or provide other opportunities, such as research positions, teaching at a university etc. I feel that completing a Master's degree should not necessarily indicate that nurses need to leave their positions at

bedside. In fact, I believe that a Master's prepared nurse would be an asset to the beside setting, as they could bring further insight into the way they carry out their nursing practice (deepened perspectives and enhanced knowledge), leading them to further their own, as well as others' professional development.

I find it upsetting that to achieve more knowledge is often associated with power, dominance, and control, which unfortunately have been combined with status, and income. I feel that this is the root cause of various stereotypes, assumptions, and judgments, and is the reason why a lot of people have an incorrect belief of what completing a Master's actually entails. For me, I do believe that knowledge provides me with the kind of power that has given me the capacity to expand my level of knowledge about certain situations, consider differing perspectives, value and appreciate research, and provides me a sense of wakefulness to areas in my practice that I can address, change, and improve. I believe that there needs to be more emphasis on the process and benefits of completing higher education rather than solely fixating on the outcome and expectations others may have. Therefore, I believe nurses with their Master's can and should continue to carry on with how they individually aspire to practice, yet not be hesitant to take on new risks, and impart this "power" in productive and positive ways that I believe will enhance patient care.

Second Level of Analysis: Practical Justification

As each story unfolds during the study experience, I notice myself reflecting on art as a product first and then a process. Generally, one may expect the process to come before the product; however, in my thesis this was not the case. Piano and Funnel began by sharing their artistic instruments (the product), which then led into conversation about their experiences of creating their individual artistic instruments (the process). Through Piano's story four distinct

narrative threads emerge from her account. Although, all threads can be linked to both the product and the process, I have divided the narrative threads according to how I felt resonated the most with Piano and Funnel as they shared their artistic instrument (the product) and its creation experience (the process).

I draw two narrative threads, empathy and communication, from Piano's artistic instrument (the product), which provide insight into her nursing care. The other two narrative threads, personal development and professional development relate to her experience of creating an artistic instrument (the process). These speak to the meaning this process holds for her overall nursing practice. I discuss each of these narrative threads through the lens of applicable Patterns of Knowing (Carper 1978a; Chinn & Kramer 2011) as previously described in Chapter Three, while integrating research literature to gain a deeper understanding into Piano's nursing practice.

Empathy

Throughout my interaction with Piano, the word *empathy* grabs my attention during our conversations. This word became apparent to me when I listened to the audio recordings and re-read Piano's transcriptions. I feel that the way Piano tells her story, exemplifies empathy. I hear the genuine concern for her patients in her pauses and expressive tone of voice. When Piano spoke about her experiences, I noticed myself also feeling a sense of empathy for her patients in the ICU. In this narrative thread Piano has demonstrated all patterns of knowing (ethical, empirical, personal, aesthetic, and emancipatory).

Empathy is known as a multidimensional concept, which can be defined in several ways, particularly related to nursing (Lapum, Ruttonsha, et al., 2012; Santo, Pohl, Saiani, & Battistelli, 2014). Empathy is when another person is mindful and sensitive to the feelings and thoughts of others past and/or present without joining them in the experience (Santo et al., 2014). According

to Dinkins (2011), "one of the building blocks of the ethical conduct towards others is empathy" (p.1). Empathy allows us to relate to another's situation, hence taking actions that assist others by gaining insight into their perspectives (Carper, 1978b; Gustafsson & Fagerberg, 2004; Lapum, Ruttonsha, et al., 2012).

When looking back to Piano's story, her statements show empathy for patients whose hospital admissions range from weeks to months. From Piano's comment "I tried to empathize with her, but there was not much I could really say to provide her a sense of comfort, as she continued to require ventilation assistance and needed to remain in the ICU", she notes the challenges in providing patients emotional support when we (nurses) know their medical condition is either slowly improving or is declining. Piano expresses this when she states, "it is challenging, as sometimes patients deteriorate and go back to where they started." Piano's ethical knowing is demonstrated in her expressed obligation to provide patients with honest and accurate information, even though she knows that it might not be well received by them.

A phenomenological study by Cypress (2011) identified the lived ICU experience of nurses, patients, and family members. Findings from this study display two common themes: providing psychological support and patients' feelings of uncertainty in the ICU. Both of these were addressed in Piano's story, when she makes an effort to provide her ICU patient Mary with emotional support through motivation and encouragement about her progress. She also talks about patients' feelings of uncertainty, and the necessity to keep them updated as frequently as possible. Therefore, it is was essential for nurses to provide patients with encouragement, remain sensitive to patients and their families' needs, and provide emotional support, all which has been shown to decrease their overall anxieties (Cypress, 2011; McCabe, 2003).

In Piano's story, she recognizes several procedures patients undergo, which she describes as "uncomfortable, painful, and frightening." Similarly, the literature shows that ICU patients' lived space can cause feelings of unfamiliarity due to highly technological environment, discomforts, new staff, time disorientation, lack of communication, and the multiple changes to one's self-image (Cypress, 2011; McCabe, 2003; Osterman, Schwartz-Barcott, & Asselin, 2010). According to Osterman et al. (2010), patients frequently rely on nurses to provide them with the emotional support needed and assist them with the "technological maze of their hospital experience" (p. 204). This relates to the empirical knowing, as patients in the ICU are bombarded by various procedures described by Piano. Although the ICU is a busy environment and nurses are required to complete several tasks in a given amount of time, it is necessary for nurses to ensure that their interaction with patients offer a sense of presence (Engstrom, Nystrom, Sundelin, & Rattray, 2013; Osterman et al., 2010). In other words, taking the time to acknowledge patients and their "ICU struggle" as Piano's story reveals.

In a hermeneutic phenomenology study by McCabe (2003), nurses remarked on the importance of providing emotional support to others in the ICU (i.e. offering families reassurance about their loved one's progress). By nurses addressing patients' main concerns they expressed a sense of empathy, thus diminishing patients' and their families' level of anxiety. This relates to Piano's personal knowing as she recalls a time in the hospital with her partner, who experienced a lengthy stay and discussed what it felt like to be on the receiving end. She gained a heightened sense of self-awareness by deepening her understanding and the patient's perspective of healthcare. Piano addresses her aesthetic and emancipatory knowing, by attempting to build a connection with her patients: "I ask myself questions, What do patients need out of the two, three, or more days I may be caring for them? What are the goals they want

to reach?" By asking such questions Piano is making the effort to gain insight and provide care that is directed towards her patients' needs, thus giving importance to building a genuine and caring nurse-patient connection.

Communication

In this narrative thread I draw on Piano's emancipatory, personal, aesthetic, and ethical knowing. Nurses who express empathy for their patients and families provide more effective nursing care, as they make an effort to acknowledge their patients' concerns, thus promoting enhanced communication (Cypress, 2011; McCabe 2003). By conveying a sense of empathy and aiming to build rapport with each patient through effective communication, nurses notice that patients feel more comfortable in expressing their concerns to them. This is similar to Piano's patient who openly expressed her frustrations of being in ICU. Although nurses' work environment can be very demanding, it is crucial for them to be mindful of the way they communicate with their patients. In the study by McCabe, patients discuss how they felt when nurses communicated with them. Findings demonstrate that a lack of communication by nurses made patients feel that nurses cared more about completing nursing tasks versus caring about the individual patients. Patients also remarked that they did not want to be a bother to their nurses. Similarly, Piano acknowledges this, "as healthcare providers we often lose sight of all the procedures that patients need to undergo." Likewise, her comment "I find for us, it becomes just one more day that we work, but for our patients it's one more day that they are there," expresses nurses' and patients' divergent perceptions of ICU. By being aware of differing perspectives I believe that this permits nurses to be more open-minded when dealing with situations in their practice, thus reflecting Piano's emancipatory knowing. Personally, when I remind myself that we are all individuals with different experiences, morals, personalities, and perspectives I feel

that I am able to look at situations with a broader lens, thus allowing me to appreciate and understand others more fully.

It has been found that patients value and feel reassured when nurses communicate in an open and honest manner (McCabe, 2013). Patients frequently relied on nurses to use language that was easy to comprehend. Patients took notice of nurses' non-verbal communication as this demonstrated their support, respect, and genuine concern towards them (McCabe, 2003). Piano displays her personal and aesthetic patterns of knowing when she comprehends the significance of communicating with her patients, "I just think that we need to acknowledge patients' experiences and the struggles they face on a daily basis, and provide communication to keep them informed at all times." She further communicates her satisfaction of being able to give voice to her patients, particularly to those who are unable to communicate. Moreover, Piano applies personal knowing when she expresses the need to recognize patients' efforts towards their recovery process. In her statement "I will pay closer attention to the *little things* that often mean so much to patients," it is apparent that Piano strives to build a deeper connection with patients.

A phenomenological study by Engstrom et al. (2013) presents experiences of patients who were mechanically ventilated in the ICU. In the same study, clinical implications are provided on ways to improve such experiences: provide patients with a diary to keep track of their progress and schedule daily goals for patients (i.e. help patients learn to breathe without their ventilator). Similarly, Piano demonstrates her ethical knowing as she recognizes her patients are entitled to receive answers to questions they may have. This is evident when she comments "as a healthcare provider I really try to keep my patients in the loop as much as possible, reorienting them as frequently as needed, and having clocks within reach." Based on

Piano's story and the literature findings, clear and empathetic communication is a fundamental element that nurses should take seriously and continuously strive to improve with their patients, families, and other healthcare providers.

Personal Development

Within this thread Piano demonstrates aesthetic, emancipatory, personal, and ethical pattern of knowing. Piano's perspectives evolve on the use of arts as a medium in nursing. Piano initially expresses "I found it hard to connect nursing with art" to later realize using art to express a situation was a useful and enjoyable process, and potentially beneficial for making meaning of practice related events (aesthetic knowing). Frequently, nurses are expected to deal with various situations, such as assisting others to cope with the death of their loved one or accept a debilitating diagnosis, yet we often fail to ask, "Who helps the helper?" (Brunelli, 2005 p. 123). Similarly, through engaging in a creative process, Piano longs for more balance in her life and to allow for more time to reflect on her own nursing practice, as she states:

> I never really have time to self-reflect about a situation, there is just not that time at work to think and ask myself, "How could I have done better as a nurse in a certain situation?" It is often at night, while I sit on my bed that I think and reflect about my day.

For me, personal and professional development interconnects, as one informs the other (Lindsay, 2008b). As nurses we often reflect back on our personal experiences, which inform our ways of knowing and influence our professional development (Lindsay 2008b). In other words, "Who we are as people is who we are as practitioners." (Lindsay 2008b, p. 19). Relatedly, Piano exhibits the association (personal and professional development) as she shares her story relating to the process of constructing an artistic instrument. Piano's experience provided her an opportunity to think about her nursing practice in a new way (emancipatory knowing). This experience gave her

a greater insight into her self-care practices (i.e. coping strategies) she can apply to her personal development: “I started to think that drawing out situations that stick with me could be a way I make sense of the situations, rather than letting a situation run over and over in my mind, without taking any action.” Personal knowing is identified when Piano communicates her efforts to make time for reflection in her nursing practice. Piano recognizes the time constraints in her life and expresses her desire to strive towards a balanced lifestyle. By a balanced lifestyle, Piano may be implying her ability to allocate her time to different areas of her life (i.e. family, friends, and herself) rather than spending most of her time at work and school. In her statement, Piano implies that reflecting through artistic expression may provide her the ability to settle her mind, which can lead to decreased personal stress, thus enabling her to think more clearly about other aspects of her life.

Piano notes the benefits of self-refection, as having the ability to dedicate time to think about her day, acknowledge her personal feelings and thoughts about various occurrences at work, reflect on the dialogues she exchanged with her patients, their families and her nursing colleagues. In addition, through reflection she is able to consider her professional strengths and areas for improvement. The ethical and emancipatory knowing is portrayed as Piano comments on taking steps to recognize changes she needs to implement in her personal life as well. This includes permitting more time to sit and think about her day as well as spend time with her friends and family. Through my conversations with Piano, I felt as though she sometimes puts aside her personal life to dedicate time to her professional life (completing her Master’s education and working in the ICU), which explains her spoken desire to achieve a more balanced lifestyle. Piano remarks on changes that relate to her nursing profession and the need to provide efficient care to her patients, “I would like to become more attentive and make time for daily *feel*

better practices for my patients, such as going beyond the norms and expectations of my role as a nurse." Piano understands the importance of self-care, which influences her personal development, thus impacting her decisions on the care she offers others.

Professional Development

According to a phenomenology study by Gustafsson and Fagerberg (2003), professional nursing development relies heavily on reflection. Nurses are able to improve the care they deliver as their level of awareness to their nursing practice becomes enhanced through reflection, in other words, "reflection is a kind of evaluation" (p. 275). It is apparent that Piano gains appreciation for reflecting about her nursing practice. Piano mainly implies her personal and emancipatory patterns of knowing within this narrative thread, as she finds a new way to reflect about situations in her practice "reflecting in this manner [using art as a medium] allowed me to view patients in a different way and connect with them." Creating an artistic instrument provides Piano greater insight into her nursing values and beliefs, as Piano expresses her wishes to make more time for patients. Piano's drawing of a racetrack signifies for her the busyness of her ICU practices and how this impacts the patients in her care. Therefore, through the use of art, Piano realizes the potential to critically think about how to improve practice (i.e. increasing communication in the ICU, taking into account patients' perspectives).

Piano evaluates her current professional status while expressing her thoughts and concerns of how completing an MN may remove her from the bedside, "I would like to grow as a nurse, yet worry this growth may lead to less direct patient interaction." Through creating her artistic instrument, Piano gains insight into her *inner struggle*, "as a nurse working in the ICU, I feel content about where I am [bedside nursing]. I look at what my future may hold and know for certain that I really enjoy patient care." Piano recognizes her growth as a nurse and seeks to

improve the way she communicates with her patients in the ICU. Piano exemplifies Emancipatory knowing (Chinn & Kramer, 2011) when she observes, "I have decided that I will continue to learn, grow, enjoy the process, and see where my journey leads me." By this statement Piano shows her desire to encourage her colleagues and patients to critically think about situations. Additionally, Piano expresses her commitment to pursue ongoing learning opportunities, thus demonstrating awareness of her accountability and capacity for leadership as a nurse (White, 1995).

As I reflect back to the first (personal) and second (practical) levels of justification, I come to realize that although Piano and I share a similar passion for the nursing profession, our individual experiences significantly differ. However, when I reflect on Piano's story I appreciate the importance and need to focus on person-centered goals and how healthcare practice may look different from patients' perspectives. Analyzing Piano's narrative threads (empathy, communication, personal development, and professional development) through the patterns of knowing and relevant literature helped me appreciate her strengths in communication and empathy. I am glad Piano found the use of artistic self-expression beneficial in reflecting about her nursing practice and considering ways to strengthen it. Also, I recognize Piano's growth as she identified her desire to further engage in reflective practice, as well as her determination to advance her education to promote her professional development. Importantly, in understanding Piano's ways of knowing I also reflect on my own ways of knowing.

Impacts of Piano's story on me. As Piano shares her story, I think back to when I was a novice nurse and my interactions with patients living with CF. My empirical knowing was evident based on the task-specific responsibilities I needed to carry out during a twelve-hour shift.

I notice changes to my personal knowing, which for me is demonstrated in the way I interject my own thoughts and feelings as Piano tells her story. Through these interjections (researcher-self), I recognize my growth as a nurse in the way I communicate and show empathy towards patients now as compared to the past. Throughout my nursing years, I can say that my attention has expanded to include social and emotional aspects of patient care. Piano's story reminds me of the significance behind striving to build an open and meaningful relationship with patients, which relates to my aesthetic knowing. I am reminded of the importance of my ethical knowing as I determinedly work towards improving my nurse-patient relationships, in terms of respect, mutual understanding, and honesty.

Piano's experience of creating her artistic instrument made me recall my own. I see the benefits of using arts as a medium in nursing, which allows nurses (like Piano and me) to gain insight into our practice situations**.** Although Piano and I have parted ways, I find that from time to time segments of our collective conversations echo in my mind. As Piano describes patients' struggles within the ICU, I find myself asking questions that reflect my emancipatory knowing. I strive to improve my own practice and through that support my peers in enhancing theirs. Some questions that come to mind are, "How can I make more time for patients? What can I do to ensure that patients' goals are being met? What can I do to improve the way I communicate with patients? I believe that if we, as nurses, reflect on our daily practices, we will become more mindful healthcare providers and be able to assist those around us (patients, families, nursing students, colleagues).

~

In Chapter Eight I turn my attention to the second image on my canvas, in doing so I explore the story of Funnel.

CHAPTER EIGHT

STORIES OF THE IMAGES ON MY RESEARCH CANVAS

Funnel's Story

My eyes gravitate from the image of the piano to the funnel. Its conical shape and its wide and narrow opening from both ends fascinate me. I think of a funnel's purpose of directing the flow of substances into a container and its ability to transfer various substances from one larger container to another smaller one. I recall myself back at the antique store. When I saw the funnel I was reminded of a childhood memory. I was in a history class creating a megaphone out of paper, which resembled the conical shape of a funnel. I remember the class discussion on the importance of a megaphone and its uses to amplify another's voice. The attention I draw to the funnel's purpose, creative shape, and unique qualities resemble the thoughts I generate through Funnel's story.

Funnel chose *Monotype Corsiva,* font size 12 to illustrate her story. I find this font style creative, purposeful, and unique just like Funnel herself.

Similar to Chapter Seven, I integrate the three-dimensional Narrative Inquiry space and interject my reflective thoughts as my researcher-self, thus representing the first level of analysis (Personal Justification). My researcher voice continues in Times New Roman, font size 12 and is embedded throughout Funnel's story, accordingly demonstrating the relational dimension of Narrative Inquiry.

First Level of Analysis: Personal Justification

Funnel's Story

My journey into nursing. *I work on two units, oncology and palliative care unit. Currently, I am also completing my Master of Nursing part time. As a child I knew I wanted to become a nurse. I remember*

in elementary school on the playground the minute a child was hurt, I was the first one to rush to the scene. Regardless of being prepared, I was always so eager to help and comfort others.

During my final practicum in nursing school I was placed on a palliative care unit. I enjoyed my placement and knew this would be where I worked when I become a nurse. It's not that I was exposed to a lot of death and dying, I found palliative care interesting. I think it's more about the communication aspect. As a palliative care nurse, I notice the focus is not only on death, we look more at how patients live their lives. I work with a broad age range of individuals, usually over the age of twenty-one. I am frequently asked "Would you consider palliative care and oncology with the pediatric population? I personally would never work with a younger population. I feel I would not provide the same type of support, as I know I can with the adult population.

Researcher-self: I find it interesting that at a young age Funnel already envisioned her career path, unlike Piano and me. Piano was influenced by her family's involvement with healthcare, whereas I was inspired to become a nurse during my volunteer work and assisting a close relative with a physical disability. Funnel's remarks make me think of how influential school placements can be for students.

When Funnel mentions she works in a palliative healthcare setting I recall patients who have been palliative on the unit I work on. I think of how emotionally challenging it is to care for patients experiencing end-of-life. I believe Funnel's comment on how "the focus is not only on death, we look more at how patients live their lives," allowed me to shift my perception of active dying experiences. In other words, rather than fixating on an individual's life coming to an end, Funnel's story allowed me to perceive death as a way to celebrate and appreciate life.

Myself as a nurse. *I am intuitive, accountable, holistic, and creative. When I think of a metaphor that best represents me as a nurse, I automatically think of a funnel and feel like sketching this out* [Figure 12].

Figure 12. Funnel's Drawing of her Self-As-Instrument of Care

The funnel depicts my current profession, my background, knowledge, and my future. I believe that the flow of my passion for palliative care is clear based on my professional timeline. As I began to work in an acute palliative care and later moved to a hospice setting, I developed knowledge based on patient experiences, personally, professionally, and currently academically. I now imagine myself in the narrow stem of the funnel. I question, if I mix all my experiences, knowledge, and passion will I still come out the same way after I complete my Master's program?

Researcher-self: Funnel's concern, "If I mix all my experiences, knowledge, and passion will I still come out the same way after I complete my Master's program?" makes me wonder if Funnel is questioning "how", rather than "if", her program will change her identity as a nurse. In Funnel's statement I hear a sense of uncertainty, a feeling that I can relate to as a gradate student. I recognize that I have advanced my depth and breadth of knowledge and critical thinking, and I have a heightened appreciation for research. As I think back to Piano's story, she similarly comments on her Master's program, when she states, "My Master's program has shown me the value of research and I would love to be involved with this, except I worry I would not see the

day to day anymore. I realize I am happy with where I am." Like Funnel and Piano, I too wonder "What is to come after I finish my graduate program?"

Yet, I feel that experiences do change a person in one way or another. However, if we do not internally reflect on how these experiences have impacted us, personally and/or professionally, we may not be able to recognize any changes. Through conversations with Piano and Funnel, I noticed that the experience of creating an artistic instrument allowed us to heighten our self-awareness and personal knowing. Funnel, Piano, and I recognized that higher education gives nurses greater opportunities in how we can positively impact patient care, be it at bedside or in education or through research.

My artistic instrument. *Thinking about my work setting in palliative and oncology, I find there is a fine line between the two areas. I feel that there needs to be something in between. I see patients coming from the emergency room requiring a blood transfusion and because they have cancer they are admitted to the oncology unit. Then, there are some patients who need chemotherapy, yet are in palliative care. I find myself walking between the different aspects of palliative care, such as medical, supportive, quality of life, and comfort like hospice care. For my artistic instrument, I really wanted to portray the different aspects of care and the difficulty in deciding what is best for patients verses the entire healthcare team within an oncology and palliative care settings.*

Researcher-self: I wonder what it must be like to provide different levels of care to patients in these settings. I envision how patients must feel moving from one setting to another, from active oncology treatment to palliative comfort care measures. As I read Funnel's story I can imagine the possible tension she initially felt between the priorities set by the healthcare system and what is best for the patient. Funnel's story makes me think of the possible tensions that may arise among multidisciplinary teams, as each professional may attend differently to patient's care (physician writing orders for vital chemotherapy treatments, while dietitians being

concerned for the patient's level of nourishment). Furthermore, tensions may also arise if the healthcare team and patients do not engage in open dialogue to ensure the plan of care still corresponds with patients' wishes.

Funnel's comment about the "fine line" between oncology and palliative care areas, and the need for "something in between," conveys a sense of frustration. She sees patients in palliative care still receiving active treatment, when they should be receiving comfort measures. As I hear Funnel's story, I ask: Is the care patients receive based solely on the medical model of cure?" Whereas, when looking at this from the patient's perspective, I am curious, "Are patients aware of the treatments that the healthcare team has planned for them? Have they been given the chance to express how they feel about the active measures that are being carried out? And, do they feel comfortable enough to express wishes and desires although they may differ from the medical model of cure?" After hearing Funnel's story, I feel that as healthcare providers we can do a much better job in communicating with one another and with our patients and their families. I believe that by increasing clear communication from both perspectives (patients and healthcare providers), we would shift our focus to the model of care versus cure.

My artistic instrument was inspired by Annie's experience. She was a seventy eight year old woman diagnosed with metastatic lung cancer and admitted due to low hemoglobin. I was Annie's nurse for four shifts in a row. I developed a good rapport with her as we talked about everyday issues. On my last shift, I was glad Annie felt comfortable to discuss something she must have had in her mind for a while. I can recall our conversations. She said to me, "I really wish I just hit that last chemotherapy… I just want to live my life. I know I have one more round of chemotherapy next week, but I do not want to do it." When I heard this I felt conflicted. I could hear the voice inside my head thinking, it's your last round, you need to go for it, and you are almost at that finish line.

Researcher-self: My attention goes back to Piano's rapport with Mary, who had openly expressed her frustrations of being in the ICU longer than other patients. During this time, Piano empathized with Mary. Yet, she expressed the challenges in supporting patients (emotionally) when they are required to stay in the hospital for an extended period of time. Thinking back to the frustrations I hear from patients and their families, sometimes I feel a sense of helplessness in what I can say to patients with certainty. I would like to provide them the answers they seek, yet the words that I know will provide comfort are not within my control to share (i.e. definite discharge date or outcome of a treatment). I imagine myself in Funnel's position. If Annie were my patient I would feel confused and saddened. Similar to Funnel, I would eagerly seek more clarification. Perhaps, as nurses we are inclined to think of the curative aspects of care. As I mature professionally, I am starting to understand the importance of implementing the model of care verses cure, as I described earlier.

Funnel's story reminds me of a situation in my practice where a patient's parents refused to consent to a blood transfusion for their child, who had critically low hemoglobin. After much discussion with the healthcare team parents gave their consent. Unfortunately, their child reacted to the blood transition, which understandably caused parents a lot of frustration, and anger as parents felt that they should have stuck to their original plan (to disallow the blood transfusion). During this situation, I understood that how a patient's body reacts to an intervention is variable, yet explaining this to the patient's parents was difficult at the time. Again, I felt a sense of helplessness. Like Piano and Funnel, I too felt the challenges of providing best possible care for the patient under the circumstances. Although I attempted to explain to parents, they had already started distrusting any of the healthcare team's suggestion for care. The healthcare team and I respected parents' request to be left alone.

I sat down next to Annie and asked why she didn't want her last round of chemotherapy. She began to explain the reason she came into the hospital was due to her low hemoglobin, and how chemo makes her so sick, she would rather spend her remaining life with her family in Vancouver. After listening to Annie, I realized that her goals were separate from ours [the healthcare team]. *I felt like I was walking on a tight rope and pulled between curative care verses the patient's quality of life.*

Researcher-self: During my nursing practice, I frequently notice the healthcare teams' joint commitment to offer patients as many options as possible. Perhaps this is because we all have a common aim of helping our patients as best as we can. Although this is uplifting to see, I find that sometimes as healthcare providers we get so caught up with this medical model of cure (e.g. sending patients for tests and providing treatments) that at times we don't seem to consider the model of care (e.g. listening to our patients' needs and empowering our patients to make their own choices).

As Funnel becomes aware of Annie's reason for refusing her chemotherapy treatment, I am reminded of a situation I had with a patient diagnosed with Cystic Fibrosis (CF), who I will refer to as Emma. She was a teen who was on the lung transplant list. Emma often expressed her frustrations about everyone hovering over her to remain compliant with her treatments. During one of my shifts, I recall asking her about being on the lung transplant list. When Emma refused to answer my question, I sensed something deeper behind her silence. As I continued about my day, near the end of my shift Emma approached me and told me to come into her room, which was not like her at all. Emma expressed that she did not want to receive a lung transplant. Through our conversation, I realized that Emma never expressed this to her family. As I continued to converse with Emma, I felt that she knew how hard everyone was working to get her onto the list and felt that by expressing this truth she would dishearten her family. Although I

do not know the outcome of Emma's situation, I still feel disappointed that her feelings were not addressed sooner. This experience emphasizes the need for healthcare providers to shift their attention to caring from only curative models of care.

Personally, I find it challenging to voice my thoughts to members of the healthcare team. I knew I needed to communicate this information with the team, and had to advocate for Annie before my shift ended. I could hear the healthcare team ask Annie similar questions that I had. After a lengthy conversation outlining the possible health consequences, Annie was told that as soon as she received her blood transfusion she would be discharged and could carry on with her plans. I spoke to Annie before I went home that day. I remember her comment to me, "I know I am going to die eventually. I don't know if it's going to be soon or if it's going to be later, but this is what I want to do." When Annie spoke to me that last time, I felt the air was quite lifted. I believe she was able to express her desires and felt heard.

Researcher-self: As nurses we are faced with challenging situations requiring us to advocate for patients, which involves risk-taking and critical thinking. In other words, nurses have to understand both the healthcare team's and patients' perspectives, thus taking action and building on their confidence to be a liaison between the two. As Funnel shares her story, I am aware of the honour we have as nurses to be able to offer conditions of empowerment to patients. I start to imagine myself as Funnel, although easier said than done. I believe that if I was in this situation, I would also convey this message to the healthcare team, as I remain mindful to my professional obligation. I am glad Funnel found the courage to speak to the healthcare team, which led to respecting Annie's wishes.

By seeing both perspectives (Annie's and Funnel's), I empathize with Annie's fear of speaking up for herself, despite making a request that is contrary to the medical plan she may have initially agreed to. I also see myself as Funnel and feeling hesitant to speak to my colleagues. Yet, Funnel demonstrates her ethical and emancipatory knowing, as she builds up her

courage to advocate for Annie. Pondering further into Funnel's story, I begin to think more deeply about the power imbalances, whether perceived or actual, between patients and their caregivers. I notice that patients' decisions are sometimes based on the caregivers' recommendations, as opposed to what patients desire. I also imagine myself as Annie. I wonder, "Would I have the courage to put forward my request, knowing it may go against the healthcare team's plan of care?" In the perfect world the patients should always feel included in their plan of care.

I envision patients feeling somewhat pressured to continue with treatment, when they would rather stop. Working with the pediatric population, understandably, caregivers often carry out the final decisions regarding care, yet I wonder if these decisions are communicated with the children (those old enough to understand). "How often are children given a choice or included in their plan of care?" Looking back at Piano's story I see the challenges associated with this, as I think about individuals who have trouble communicating for various reasons (mechanically ventilated patients and those who do not speak English, or come from a different culture).

Healthcare providers often focus on the curative aspect of life, not to say this is not important, but I find we lose sight of the holistic aspect of providing care. I think we need to take more time to listen to our patients. We should take time to consider what quality of life means to our patients. Also we really need to keep in mind that our goals are not the same as our patient's goals…and so I think it's important for us to balance between the curative and quality of life measures.

Researcher-self: I understand how morally distressing it may be for caregivers to see patients or their loved ones willfully opt out of treatment plans that may have promising outcomes. I do believe that it is imperative to respectfully accept patients' wishes and offer them the time to communicate their concerns, yet it is also crucial for us, as healthcare providers to provide information about of the possible outcomes that may result from their decisions.

Funnel's comments on the necessity to listen to patients, remind me of a statement I read once, *listen to learn.* It is one thing to say that we listen to our patients. However, nurses have to ask: "Are we really listening with an intention to understand our patients? How often do we stop and analyze what the patient is really saying?" As nurses, we should not only focus our assessments on the physical body, but also on the conversations we have with our patients. I acknowledge this may be challenging due to other aspects of care, such as routine tasks of medication administration and time constraints due to workload. Yet, I believe we need to give more attention to patients' and families' concerns, to truly *listen to learn.*

A recent experience in my nursing practice comes to mind with an infant patient I was caring for during a night shift. The patient was diagnosed with hypotonia, low muscle tone and laryngomalacia. Unfortunately, the laryngomalacia was causing severe stridor and airway obstruction. As a result of both diagnoses, the child had difficulty feeding orally, a concept that was very challenging for her mother (or any mother) to understand and accept. After receiving nursing report, I came to know that the child was being fed through a nasogastric feeding tube. However, patient's mother was very hesitant to accept the healthcare team's suggestion for a gastrostomy tube (long-term feeding option). Furthermore, it was reported to me that the mother was in "denial" of her child's condition and still requested to feed her child orally. During the start of my shift I was determined to learn the mother's understanding of her child's condition and to explore her thoughts behind the suggested intervention of a gastrostomy tube. When I met this mother, I realized that she had difficulty communicating, as English was not her first language. After establishing rapport with her, I came to recognize that although this mother was deeply worried and saddened by her child's inability to feed orally, she actually was very aware of the risks involved. When I *listened to learn* to this mother's statements, I came to learn that

she had several misconceptions about what a gastrostomy tube was and simply needed more information as to why this would be needed as a long-term intervention for her child. I also came to learn that although she had a good understanding of her child's low muscle tone, she was very unclear about the diagnosis of laryngomalacia. Therefore, during that shift as I listened to the mother's statements, I realized that she was in fact not in denial and simply needed more information.

On a personal level, talking about this situation makes me reflect on a time when my aunt, who was fifty-nine years old, died of metastatic breast cancer. I was the only one who knew when her cancer had progressed. Day by day, I noticed her status deteriorate, skin become jaundiced, her body weak, and limited ability to move. When the physician said it was time to take her home. I remember my aunt confiding in me that she did not want to go home, as she felt safer where she was. I did my best to communicate this to the physician, yet felt as though I was not heard. The physician continued to proceed with orders for home care support. In the end, my aunt never made it home. She died three days later. Till this day, I still feel as though I could have done more to advocate for my aunt.

Researcher-self: Both Piano and Funnel are reminded of a personal experience, as they describe their individual artistic instruments. Piano shared a memory of supporting her boyfriend during his hospitalization, which allowed her to look at care practices from the receiving end, thus increasing her empathy for her own patients. Funnel shared the memory of attempting to advocate for her late aunt, which impacted how she did the same for Annie. Similarly, I recall when creating my artistic instrument, I thought back to my conversation with a cousin, who had multiple hospital admissions. She shared her insight on the differences between nurses that made an effort to get to know her as a person versus just a patient. I think of her story often when I take care of my young patients. All these accounts remind me once again of how important it is for us to be mindful of the way we communicate with our patients and their families.

On a professional level, sometimes I find that my voice is not heard. I am not sure why I feel this way. I find myself caught in between knowing what patients want and healthcare team's treatment plans.

I call my artistic instrument "The Balancing Act" I used different images which all have meanings. As you can see from my artistic instrument [Figure 13] *I have drawn a nurse walking on a tight rope. This image for me signifies juggling that fine line and the difficulty nurses face using their voice to advocate for patients who refuse treatment, preferring their quality of life.*

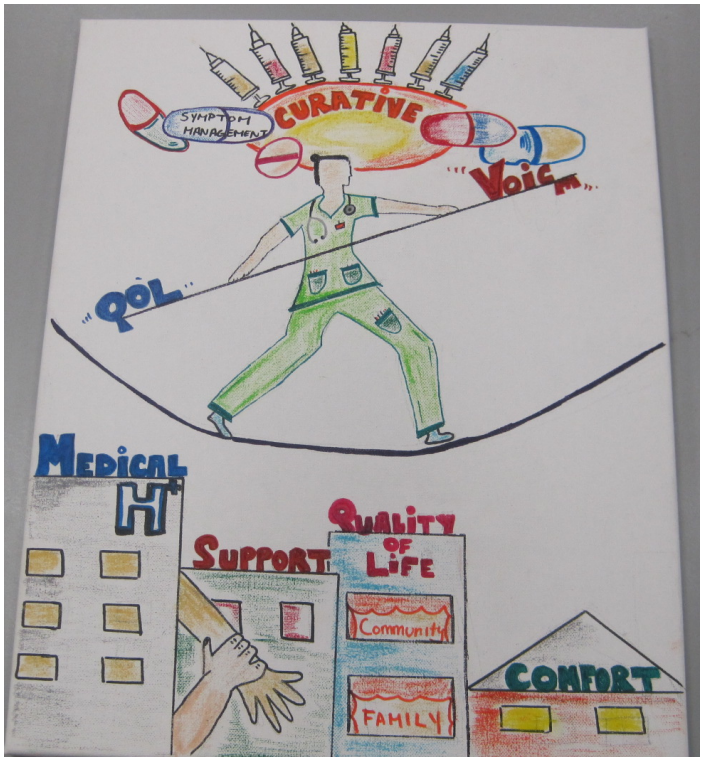

Figure 13. Funnel's Artistic Instrument: The Balancing Act

I am the nurse in the picture holding on to that tight rope, between the letters 'QOL', which stand for quality of life versus having a voice. Patients have different meanings of the term quality of life. According to the healthcare team on the oncology unit, quality of life means finishing off chemotherapy, radiation treatments, and discharging patients. On the palliative care unit, quality of life holds an entirely different meaning. Since I work in both areas, I notice we work in a parallel way, yet we do not integrate the two together, which I find very difficult. I find that you have to use different parts of your brain, shifting from the

medical to psychosocial aspect of care. I personally feel that we don't spend enough time talking to patients and inquiring about their goals. On the other side of the rope, I have written the word voice with the letter E in a downward spiral. The word voice is illustrated in this way because I find that as a nurse I am supposed to have a voice, but I don't necessary feel like I always do.

The background of the sun and clouds in my painting represent the curative aspect of my work environment. Restorative [curative care] *provide treatment measures, like oral medications, daily injections, and symptom management based on a patient's illness.*

On the bottom of my painting I chose to draw various buildings and label them as medical, support, quality of life, and comfort. The supportive building outlines the significance of respecting patient choices and supporting their emotional, physical, and spiritual needs. The quality of life building is to note that this is different for all patients. Quality of life could mean support from a patient's own social community and the importance of spending time with family. The comfort building refers to patients seeking quality of life within their own home or home-like environment, such as a hospice.

Researcher-self: As Funnel describes the images she included in her artistic instrument, her statements about using different aspects of her brain, as she expresses the shift from medical to psychosocial aspects of care, resonates with me. I feel that as nurses we have to recognize this shift by asking, "How does this affect us as nurses? How does it impact the care we provide to patients and their families? And how does it foster dialogue with other healthcare providers (i.e. social worker, dietitian, physiotherapists)?" Although sometimes different areas of a patient's care (emotional, social and physical) may be stressful, time consuming, and possibly even energy draining, being person-centered allows nurses to build meaningful connections with patients. I find the more I know about patients, the more connected I feel towards them. I feel as though I am more mindful of what they are going through. In my practice, by looking at all aspects of patient care, I am able to consider different perspectives and critically think deeper about the

situation, just as I did with Emma and the infant patient's mother. Moreover, this brings me back to the time I created my own artistic instrument, where nursing students and I acknowledged the need to look at different dimensions of patient care. Likewise, as I engaged in conversation with Piano and Funnel about each symbol and image I chose to include in my artistic instrument (Appendix A), I felt that they too were broadening their perspectives and considered different aspects of care for patients living with Cystic Fibrosis (CF).

Creating my artistic instrument. *I was really excited to make something, as I consider myself a creative person. When I saw all the artistic examples you showed us I had this exact situation in mind. I knew what I wanted to create. Initially, the medium I chose to use was a canvas, pastels, paints and magazine cut-outs. I had to eliminate the magazine cut-outs, as they would not stick onto my canvas board. I created my artistic instrument in my bedroom. This location provided me with peace and gave me the chance to reflect on my practice experience.*

Creating my artistic instrument was difficult yet therapeutic. It was more challenging than I initially thought. I had several feelings and found myself confused at times. It was challenging to express my thoughts through art. There were days that I had to stop working and reflect on it, just to be sure that I was on the right track. I felt anxious and wondered if what I was trying to express would be clear and if my artistic instrument would resonate with other nurses. Also, I wondered if I would have enough time to complete my piece. Once I looked back on the situation I wrote about in my journal, I was able to focus my thoughts, ideas, and the overall creative process. After two attempts, I finally drew something that expressed the way I felt personally within my work environment. When I completed my artistic instrument, I was delighted with the outcome. I was relieved that I had created something I could portray for not only myself but also for other nurses. This experience was therapeutic because it provided me with an outlet to voice my concerns about my work environment. I also realized how long I had been internalizing these thoughts and feelings.

Researcher-self: Similar to Funnel, I found creating my artistic instrument (Figure 5) to be therapeutic. I was able to gain a greater understanding of CF and became more aware of different care approaches for patients living with this illness. Just like Funnel, I recall the several attempts I made before producing my final product. All three of us felt pleased that our artistic instruments conveyed what we had envisioned.

I was glad I had the ability to eventually communicate my feelings through art, which led me to question, why art has to be so dichotomous from research? Why is there such a huge separation between the two?

Researcher-self: I recall similar questions to Funnel's as I completed my artistic instrument. Although nursing is described as both a science and an art, I had to ask myself, "Where is the art in nursing? Why is the art in nursing not recognized as much as the science in nursing?" After creating my artistic instrument, I realized just how beneficial art, as a medium in nursing could be as a process and a product, to my personal and professional life. It is my hope that studies such as this bring out the importance of arts as a medium in nursing leading to a more visible integration (of science and art).

I finally felt that my voices would be heard. I think it was important to create and reflect on my art piece. The more I integrated my concerns with this art piece the more I could relate to my patients and provide them with effective care. Through this experience, I understood the need to connect with patients. I also realized that we do not do enough reflection at work, as in reflecting on the personal and professional struggles we face daily.

Researcher-self: I agree with Funnel's thoughts on nurses' lack of reflection on their practice. Considering the College of Nurses of Ontario mandates nurses to reflect on their practice, I wonder how nurses can allocate more time to reflect about their patient care and concerns at work. I consider the possible barriers nurses face, such as stress and time constraints.

It makes me think about nurses' work environment and the impact that could result if nurses all took a moment to reflect on a situation they wanted to share with the team. I think back to the time I shared my artistic instrument with nursing students and new graduates and realized the richness that was captivated through our individual nursing experiences. During our shared conversations I felt a sense of comfort, excitement, and compassion that was captured from shared experiences. Like Piano and Funnel, I am certain these nursing students and nurses had their own intriguing stories. I remember during this time I became more aware of Benner's nursing theory of novice to expert (McEwen & Wills, 2011). The experience of creating my own artistic instrument and sharing it with others makes me further appreciate reflective practice. I believe reflection leads to more powerful outcomes we may not acknowledge, unless we begin to implement this more frequently into our daily practices.

I think back to Piano and how creating her artistic instrument allowed her to explore a new way of reflecting on her practice. I am curious if nurses are familiar with other ways of reflecting, such as through visual forms of expression, like drawing. I remember Piano's comments of feeling more connected to her patients after her experience of creating her artistic instrument, as well as engaging in journaling and dialogue about it. I feel that if we do not reflect on our nursing practice we may neglect to see patients' perspectives and so may not learn from our experiences, thus limiting our professional growth.

I don't know if I would want feedback on my artistic instrument from other people. I think I fear that I will be judged. When showing my final product to my mom, she did not understand it. I remember her asking me, "What does QOL mean?" However, my colleagues thought my artistic instrument was amazing and I felt they could easily understand and relate to the message I was trying to convey. Given the opportunity, I think I would share my artistic instrument with other nurses, however, not with an entire inter-disciplinary

health team. I feel that nurses would be able to relate more than others. By sharing my work with other nurses, I feel that it will validate for them the challenges in voicing their patients' choices to the healthcare team.

Researcher-self: I notice Funnel presents the same hesitation and uncertainty in sharing artwork with others as both Piano and I did, especially with those who are not in nursing. This makes me think that perhaps Piano, Funnel, and I need to grow in the way we view and integrate ourselves with other healthcare disciplines. Perhaps art being subjective may lead to such thoughts. In other words, we may fear judgments and assumptions, and we may also feel as though our message may be misinterpreted. From my own experiences, I find that it is often difficult to take on the risk of what others may think. Yet, I learned that if I do not attempt to share my work, I would never know how it would be perceived (not only by nurses but also by other healthcare providers). I think that if art were more visibly encouraged in the discipline of nursing and medicine (education and practice) maybe such uncertainties and feelings would diminish.

I begin to think about collaboration within healthcare teams and the barriers associated with communication between healthcare providers. Funnel's comments take me back to my reflective thoughts in response to Piano's story on how I felt prior to sharing my work with others at the knowledge translation workshop. After creating my artistic instrument, I did think of how interesting it would be to have a discussion with colleagues from other professions, to share insight with one another about patients living with CF. Although I recognize using art to discuss a diagnosis may present as unfamiliar and a new approach to many, I feel that it could generate informative discussions.

Dying is very stressful to the whole healthcare team, and the families of these patients. In the palliative care setting, I find that we hold debriefing sessions after a death of a patient, whereas in the oncology work setting I notice the culture is not the same. We do not do enough of it. I see it taking a huge toll

on nurses. It makes me question why we are only required to reflect once a year. I think we should reflect every month. I have actually brought this to the attention of my work colleagues. I have suggested the idea of having a focus group for nurses to talk about patients who have passed away. I find that nurses are receptive to this idea, however, it always comes down to lack of time. I have even suggested spending ten minutes for reflection prior to our mandatory work meetings. I strongly feel that reflecting on patient experiences will not only allow us to learn from them and so will assist to improve our practice.

Researcher-self: I think work environments should invest more time for reflection. I feel that nurses need to be encouraged to reflect more frequently throughout the year, and not only when renewing their annual licenses with the College of Nurses. I consider my own reflective practice as I listen to the ways Funnel attempts to foster opportunities for reflection in her work environment. As mentioned previously, I strongly believe participating in reflection is beneficial for our professional growth and personal well-being.

My overall experience provided me with benefits at a personal and professional level. Personally, I found that creating an artistic instrument was a useful tool. It opened up a door and gave me words to express what I was feeling, which is not something I do often. I was able to reflect and critically think about my scenario. It was a good outlet for me to communicate my feelings and thoughts to my practice. Professionally, this experience helped me communicate with my patients and colleagues. I see the significance of balancing goals between patients' treatment plans and making sure to know what patients' goals are. Also, I realized the importance for nurses to voice their concerns, so they can advocate for patients overall quality of life.

Nursing is like moving through the parts of a funnel. *I have answered my own question that relates back to my metaphor. I can now see the connection. I recognize that I still carry a passion for palliative care. Previously, I felt as though I was in the narrow part of the funnel. Now I feel that I have moved towards the wider opening. I found my voice and feel more confident as a nurse. I am coming out of this experience with a greater appreciation and need to advocate for patients goals. I realize that after I graduate*

from my Master's program, my skills, knowledge, and experience will only build towards my current passion for the palliative care population. I foresee an interest in policy development associated with palliative care.

Researcher-self: It is significant that we all gained insight into our individual inquiries through creating an artistic instrument. Piano recognized that she is currently content as a bedside nurse and continues to look for opportunities for improvement. Funnel realizes that her passion for palliative care has grown and finds a related direction (policy development) after completing her MN program.

When I created my artistic instrument (as new graduate nurse) I recognized my need to view all aspects of patients care, thus striving towards building deeper nurse-patient interactions. Whereas, when I reflected on my artistic instrument a few years later it held a different meaning and purpose for me (educating others to realize the different aspects of caring for a patient living with CF). Continuing to reflect led me to conduct a study to investigate how arts can benefit other nurses' practice and professional growth, and explore the ways to integrate arts into nursing. I believe that if we take a moment to reflect deeply, through creative self-expression of art and conversation, we may answer our own inquires, and thus broaden perspectives of our nursing practice and our professional development.

Second Level of Analysis: Practical Justification

As Funnel's story comes to a close, I find myself reflecting once again on art as both a product and a process. Five narrative threads emerge from Funnel's story. Three narrative threads, (quality of life, power imbalance between patients and healthcare providers, and communication) appear prominently in Funnel's artistic instrument (product) and provide insight into her nursing care. The other two, personal development and professional development, relate to her experience of creating an artistic instrument (process) and speak to the meaning it holds

for her overall nursing practice. Similarly to Chapter Seven, I discuss each narrative thread through the relevant lens of the Patterns of Knowing (Carper 1978a; Chinn & Kramer 2011) while integrating research literature to gain a deeper understanding into Funnel's nursing profession.

Quality of Life

Palliative care is delivered to individuals experiencing a life threatening illness and offers care when treatments that are meant to prolong life fail to work (Pavlish & Ceronsky, 2009). Funnel understands the role of a palliative care nurse, "the focus is not only on death, yet we [palliative nurses] look more at how patients live their lives." Palliative care nursing has been described as working with patients and their families to relieve suffering, remain attentive to patients overall well-being, set patient specific goals, provide relief of symptoms, remain flexible, and offer care that is holistic (Burhans & Alligood, 2010; Pavlish & Ceronsky, 2009; Philip & Komesaroff, 2006). Funnel expresses all five patterns of knowing (personal, aesthetic, empirical, ethical, and emancipatory) as she comments on the importance for herself to look at each patient individually (personal knowing). It is apparent through Funnel's empathetic communication and presence that she was able to build an open and honest relationship with Annie, who felt comfortable enough to express her concerns (personal and aesthetic knowing). During our conversations, Funnel acknowledges the difficult side-effects her patients experience due to their treatments (empirical knowing). She further reflects ethical and emancipatory knowing when she takes the time to critically assess her patient's concerns about the discrepancy between the medical role of chemotherapy versus the patient's desire for quality of life.

Although Funnel initially thought of curative measures, as did the rest of the healthcare team (empirical knowing), she later gained a new perspective through conversing with her

patient. Funnel's emancipatory knowing can be demonstrated in the way she took time to explore Annie's request (not to continue with her chemotherapy), and the conversations Funnel had with herself (which relates to her personal knowing as she explored her own feelings and thoughts upon hearing Annie's request). In other words, rather than Funnel expressing her personal thoughts and automatically reacting to Annie's request. Funnel appeared to critically think about the situation by asking herself "Who benefits" and "What is wrong with this picture?" (Chinn & Kramer, 2011, p. 74). From Funnel's story and her feelings of conflict upon hearing Annie's wishes, she deepens her emancipatory knowing as she realizes her patient's goals differ from those of the healthcare team's. Funnel's actions exhibit respect for her patient's wishes by building courage within herself to actively advocate for Annie. Therefore, Funnel appears to have looked at the broader context of her nurse-patient relationship. She looked at this situation from both perspectives: person-centered care approach (Annie and Funnel), as well as a practice profession approach (Funnel and the healthcare team) (White, 1995). Ethical knowing can also be identified through Funnel's understanding that the quality of Annie's remaining days mean more to her, the patient, than extending her life in discomfort by completing her last round of chemotherapy. As interpreted through Funnel's encounter with Annie, I notice Funnel draws her awareness to the differing perspectives (as a patient and as a healthcare provider) and contemplates on the diverse models of care, which continues to be an ongoing debate (caring verses curative) in the healthcare system today.

Communication

Funnel displays most of the patterns of knowing (aesthetic, ethical, personal, and emancipatory) in this narrative thread. She emphasizes the need to understand her patients and what really concerns them, thus demonstrating her aesthetic knowing. Furthermore, Funnel

continues to exhibit her aesthetic and her ethical knowing by making a conscious effort to engage in conversation with patients so that they are more comfortable to truthfully express their desires and feel as though they are being heard. Funnel demonstrates her personal and ethical knowing by not allowing her individual thoughts and possible fears (perhaps, what the team will think if she speaks up) to come in the way of understanding Annie's concerns. In other words, Funnel does not fixate on her own feelings of fear and intimidation. Instead she turns towards her moral value and passion for Annie's need to be heard. While Funnel explains her interactions with Annie, she displays authenticity in her nursing care as described by Chinn and Kramer (2011), thus emphasizing her personal knowing. Funnel was genuinely concerned for her patient. Funnel not only enhanced her level of understanding, but also critically thought about the actions she needed to take, thus acting on her ethical knowledge, which advances to demonstrate her emancipatory knowing.

Funnel's emancipatory knowing is exhibited by the challenges she speaks of in voicing Annie's concerns to the healthcare team, as she knew they would also question Annie's choice to opt out of her last chemotherapy treatment. Morally, Funnel had to overcome this challenge by facing the team, thus through advocating for Annie she found her own voice. Likewise, in a narrative study by Pavlish and Ceronsky (2009), advocating for patients was seen as one of the most important attributes of nurses who work in palliative care settings. Nurses recognized that their ability to advocate made patients feel truly cared for, respected, and allowed them to feel "like a real person" (Pavlish & Ceronsky, 2009, p. 408). Patients felt they were being treated with dignity. Findings from this study present a parallel into the way Funnel feels after she supports Annie's requests "I try to understand and value my patient's hopes and fears, rather than focusing only on treating their illness."

In our role as nurses we need to keep the lines of communication open and listen to the deeper meanings behind our patients' statements. I believe nurses, like Funnel, should never hesitate to understand patients, and to advocate for them. According to Nelson and Gordon (2006) nurses who do not act on their moral rights have been noted to lose a sense of their integrity, lead to distress, and feelings of powerlessness. Perhaps this goes back to past traditional, societal, assumptions about women as well as the stereotypes that have been placed on the nursing profession (i.e. fitting a "virtuous" image, being obedient and silent without questioning orders, self-sacrificing, and the ongoing debates of the authority of a nurse versus physician) (Nelson & Gordon, 2006). As noted elsewhere, it was found that nurses sometimes needed to step away from the medical aspect of care and focus on other parts of patient care, such as offering their presence, which can involve sitting beside patients and listening to their interests and joys in life (Pavlish & Ceronsky, 2009). Through Funnel's story and from the study above, spending time with patients encourages communication and builds a productive nurse-patient relationship, thus tailoring goals for person-centered care. Therefore, nurses who aim to connect with their patients may be able to provide care that is more meaningful and appreciated by patients and their families.

Power Imbalances between Patients and Healthcare Providers

Power imbalances between healthcare providers and patients do transpire, as patients are frequently placed in a vulnerable position. A grounded theory study by Henderson (2003) explored nurses' and patients' views about care within the hospital setting. The findings in this study show power imbalances exist due to lack of cooperation between patients and nurses. Patients experienced feelings of vulnerability, resulting from their limited medical knowledge and fear of not receiving adequate care (Henderson, 2003). Additionally, patients did not want to

be labeled with words such as “difficult” or “nuisance” if they did not comply with the nurses (Henderson, 2003, p. 506). Yet, findings also show that nurses who develop positive relationships with patients empower them, helping them to feel comfortable in asking questions, exercise their rights, and feel autonomous to make their own choices (Henderson, 2003).

In Funnel’s story she primarily exhibits ethical knowing which merges deeper into her emancipatory knowing. As mentioned by Henderson (2003), Funnel appears to have developed a positive relationship with her patient, as Annie felt comfortable enough to express her concerns and wishes. However, this makes us contemplate why Annie may not have felt comfortable approaching the physician, and what would have occurred if Annie did not feel at ease with her nurse. Similarly, Funnel demonstrates her ethical and emancipatory knowing by overcoming her fears of approaching the healthcare team, which may have been due to her personal and/or professional experiences (such as the experience she shared with her aunt). Although challenging, Funnel made Annie’s wishes her priority (ethical), and ensured to advocate for her (emancipatory).

Like Funnel’s story, I too have observed power imbalances within my nursing practice. I find that parents of patients sometimes have several questions, yet hesitate to discuss their concerns with the medical team. Perhaps this may be related to the social and political injustices that still exist within our healthcare system (e.g. different notions of care, as described in earlier cure verses care models, politics and structure behind the hospital system, decision making, how patients perceive physicians verses nurses), all which are part of a deeper level of thinking that relates to emancipatory knowing (Chinn & Kramer, 2011; Nelson & Gordon, 2006; White, 1995). Piano’s story also reveals power imbalances when her patient Mary expressed her frustration of being in the ICU for longer than she had anticipated. Patients like Mary may feel

helpless and restricted as they rely heavily on the ICU procedures and on the goodness of healthcare providers to provide them with updates and information regarding their medical status. Piano also demonstrated her ethical and emancipatory knowing by recognizing her patient's insecurities. Piano aims to improve her patient-nurse communication, and conveys a sense of hope for patients' recovery process.

Personal Development

Funnel expresses her challenges of not knowing how to depict thoughts through art when creating her artistic instrument. She explains how she overcame this challenge and notes that she found this experience "therapeutic", as it gave her an opportunity to express herself, "an outlet to voice my concerns about my work environment. I also realized how long I had been internalizing these thoughts and feelings." After this experience, Funnel felt as though she could use art as a way to express practice situations. Funnel mostly demonstrated her personal, emancipatory, and ethical knowing within this narrative thread. Creating an artistic instrument allowed Funnel to recognize how rarely she engaged in reflection on her practice. She felt art "opened up a door and made me find words to express what I was feeling," which demonstrates her personal knowing. Based on this awareness, Funnel exhibits emancipatory knowing as she addresses the need for her nursing colleagues to also engage in frequent reflective practices. She remarks on the challenging situations nurses find themselves in on a daily basis, recognizing the toll it has on her colleagues (i.e. stress, burn out). After creating an artistic instrument, Funnel believes that reflection should occur more often, despite the limiting constraints of heavy workload and lack of time. For example on strategy to promote reflection may be to implement art as a tool to express practice based situations, which can be done independently or even with a group of colleagues (Lindsay & Schwind, 2014; Schwind et al., 2012).

Funnel displays her emancipatory knowing when she acknowledges that nurses are repeatedly pulled in multiple directions, which can result in feeling "conflicted" in their work environment. Funnel experiences this when she realized the healthcare team's goals were not the same as Annie's. Nurses are faced with numerous thoughts and questions that relate to ethical knowing, What is right for the patient? What does the patient really want? What are the goals of the healthcare team? Moreover, nurses are frequently faced with several situations that may cause them moral distress (Allen et al., 2013). For example in a cross-sectional, descriptive, comparative study by Allen et al. (2013) nurses reported feelings of moral distress when they had to carry out physicians orders (related to tests and procedures) that they felt were unnecessary.

Another finding from this study showed physicians, advance practice nurses, and registered therapists all experience moral distress when they were required to follow wishes of family members (relating to life support) knowing that these wishes were not in the best interest of their patients (Allen et al., 2013). Nurses need to address self-care practices and attend to concerns, such as moral distress to prevent negative effects on their emotional, spiritual, physical, mental, and social well-being (Allen et al., 2013; Brunelli, 2005). I find that self-care is part of personal development as it impacts our professional role. In becoming more attentive to self-care practices and personal development nurses can decrease harmful outcomes that may impede the care provided to their patients and families.

Professional Development

Funnel's experience allows her to value the importance of reflective practice. In this narrative thread Funnel mainly displays her emancipatory knowing. She draws on her emancipatory knowing when she discusses the need for nurses to reflect frequently. Funnel strongly believes that increasing reflection will improve nurses' professional growth and lead to

"optimal care for patients and families." Funnel shares that she was able to better express herself through this experience, thus increasing her level of communication with her patients and nursing colleagues. Through our conversation, Funnel evaluates her nursing practice and speaks of her feelings of confidence in her ability to express her inner voice and advocate for her patients' goals, which incorporates the growth behind her personal knowing, thus merging into emancipatory knowing.

At the start of Funnel's story she seeks to answer a broader question that relates to her selected metaphor and overall professional development, thus again displaying her emancipatory knowing "If I mix all my experiences, knowledge, and passion will I still come out the same way after I complete my Master's program?" It was interesting to see Funnel grow from this experience, as she appreciates her increased passion for the palliative care population and begins to contemplate her future development as a nurse. She acknowledges the need to pursue a broader perspective on the care impacting patients in palliative care settings. The quality of care nurses provide could be associated with their progress and commitment to their professional development, through formal education and ongoing reflective practice (Gustafsson & Fagerberg, 2003).

Relatedly, in an interpretive narrative study exploring nurses' experiences of end-of-life care for patients and their families in a Neonatal Intensive Care setting, nurses remarked on the benefits of engaging in reflective practice (Lindsay, Cross & Ives-Baine, 2012). Nurses commented on their increased awareness to nursing care and relationships between their colleagues. One nurse observed "the reflective process allowed her to relate to infant's parents more calmly and to de-center herself as a central concern." (Lindsay et al., 2012, p. 248).

Engaging in reflective practice also validated their role as nurses and heightened their critical thinking of dealing with future end-of-care situations (Lindsay et al., 2012).

The opportunity of engaging in creative activity allows Funnel to think about nurses' capacity to overcome daily challenging situations. This experience permits her to assess changes that need to be taken in her work environment, demonstrating emancipatory knowing. According to Gustafsson and Fagerberg (2003), nurses who participate in reflective practice not only gain further perception and learning into their own practices, but also pass their level of knowledge, awareness, and proficiency to others. Funnel comments on the important role nurses have in advocating for their patients. She shares her attempts to encourage other nurses to make time for reflective practice through focus groups and suggests ten minutes to reflect before staff meetings. Funnel again demonstrates her emancipatory knowing a she continues to identify improvements that need to be made to her practice, such as the gaps in coordinating the types of care offered to patients (i.e. comfort care and curative care) and the necessary changes that can be implemented to both oncology and palliative care units, such as patients' and nurses' transition process from one unit to another.

Piano's and Funnel's Stories: Making Connection

Thinking back to the initial stages of my study, I had pondered about how the conversations between Piano, Funnel and I would transpire, realizing that we all come from different practice environments (ICU, Palliative/ Oncology, and General Medicine, respectively) and have been exposed to diverse experiences, personally and professionally. Through Piano's and Funnel's stories I acknowledged similarities between our lived and told experiences, which we shared in one given location (study room). As nurses we were all able to collectively understand the importance behind one another's artistic instruments and the significance behind

our individual practice related creations. Looking back to the conversations I had with Funnel and Piano, we all exhibited emancipatory knowing by agreeing that the creation of an artistic instrument would be beneficial in nursing schools among students and faculty members alike. Funnel's observation that "we [nurses] don't have that kind of knowledge on how to apply art" makes me think back to the gaps I identified in the literature review at the start of this thesis (Chapter Two). I hope that my study, along with others, will provide nurses with creative ideas on how they could explore the arts within their professional practice.

Piano and Funnel both felt that implementing art during undergraduate program settings would lead to positive benefits for students. Funnel felt that it would be especially useful for nursing students to integrate arts within their last clinical placements. Through such creative processes they could recognize and address concerns in practice, as well as identify areas for their own professional development. Piano agreed, "Art is something we need to work on and promote." However, she observed that art is individual and subjective and that not everyone may enjoy doing it, therefore, it should be more of an option in both work and school environments.

Piano and Funnel both felt it was important that faculty members not only encourage arts in nursing, but also participate in artistic activities. In other words, engaging in workshops and possibly even including an arts-informed element into teachers' lesson planning. From our conversations, Piano, Funnel and I discussed the importance for students to experience engaging with the art medium, as it encourages one to think in a different way. For example, as Piano and Funnel exhibited through their stories, art as a medium can encourage creativity, helping the individual take risks that may be useful to explore practice related situations, thus fostering critical thinking that encourages communication. Moreover, teachers incorporating art in education may influence students to view art differently. In other words, by teachers using art in

their teaching approaches validates art as a potential option. Teacher's role in shaping students' experiences is significant. Those who incorporate art within their classrooms can promote students' overall development, encouraging creativity and broadening their perspectives. As I enter and leave both Piano's and Funnel's stories, I think about our back and forth conversations and how we co-constructed our experiences, which led us to consider new perspectives about using arts as a medium in nursing.

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In Chapter Nine I find myself looking beyond this immediate and personal level of experience to expand it into the social significance of our collective stories: considerations for healthcare education, practice, and research.

CHAPTER NINE

MY RESEARCH CANVAS AS A WHOLE

Considerations to Education, Practice, and Research

Looking back, I see how my journey as an artist parallels my path as a researcher. I find myself searching for a connection between a piano and a funnel, the two instruments-of-care. I think of a piano as creating infinite melodies. I recall from my history class that in the past people who were hard of hearing used funnel-shaped devices to augment their hearing. I now see the conical shape of the funnel being used to magnify and direct the musical notes of the piano. Through Piano's and Funnel's stories I gain a heightened appreciation for arts in nursing. Because of their own raised awareness, through the creation of their artistic instrument, their lives are impacted, as well as those of others. This realization invites me to consider new explorations.

Third Level of Analysis: Social Justification

I dive deeper into the analysis, moving beyond Funnel's and Piano's stories, examining them from a broader perspective, that of the social justification (the third level of analysis), answering questions "So what? and Who cares?" (Clandinin et al., 2007, p. 25). I contemplate on the backward and forward conversations between Piano, Funnel and I, and how we collectively shared and understood one another's lived and told stories. I simultaneously think about the narrative threads (empathy, communication, quality of life, power imbalances, personal, and professional development) that emerged from Piano's and Funnel's stories. I ask, "How does all this connect to the broader literature?" I feel that my emancipatory knowing has expanded as I became immersed into my study. I wonder how my emancipatory knowing has been influenced by the other patterns of knowing (aesthetic, personal, ethical, and empirical). I am intrigued,

encouraged, and empowered to provide considerations that relate to my continuous quest and passion for exploring the arts in nursing. This chapter elaborates on Piano's and Funnel's narrative threads and explores their significance in context of broader literature and within the healthcare system including education, practice, and research.

Education

Although arts in healthcare has been explored in practice and education, I believe there needs to be a more visible integration of arts as a medium in nursing. As I explored the use of arts throughout my study, I noticed my passion for the arts grow stronger. In the past, I had the opportunity to experience the benefits of constructing my artistic instrument, which I optimistically implemented into my nursing practice and for my professional development. Now, through Piano's and Funnel's stories, I have gained a deeper awareness of how incorporating arts into nursing has value for nurses, which is further supported in the literature. Numerous studies (Casey, 2009; Ewing & Hayden-Miles, 2011, Price et al., 2007; Robinson, 2007a; Thomas & Mulvey, 2008; Whitman & Rose, 2003) show the value of using arts in nursing curricula and clinical practice settings, as they provide students with essential skills and benefits in their learning experiences, which I explicate below.

Through the use of arts in nursing education, teachers can understand and focus on students' areas for improvement, promote critical thinking, and influence the development of essential clinical skills, such as communication and expression of empathy for patients, (Chan, 2013; Cox et al., 2010; Price et al., 2007; Schwind, Beanlands, et al., 2014; Schwind, Lindsay Coffey, Morrison, & Mildon, 2014; Thomas & Mulvey, 2008). These were demonstrated in this study by Piano' and Funnel's narrative threads. Since art is a way to reveal one's inner emotions, teachers can play a significant role in encouraging students to explore their feelings and support

them in finding a greater meaning to their practice experiences, as it had for Piano, Funnel, and me. Teachers can also aid in instilling important ethical values that are vital to the nursing profession, such as person-centered care, building therapeutic relationships, respecting patients' goals, and engaging in reflective practice, all of which were also discovered through Piano's and Funnel's stories (Chan, 2013; Schwind et al., 2012; Schwind, Beanlands, et al., 2014; Schwind, Lindsay, et al., 2014).

By incorporating arts (metaphors, poetry, drawing and sharing personal experiences in the form of stories), teachers can bridge the gaps and facilitate students' greater understanding between theory and practice (Lapum, Hamzavi, et al., 2012; Price et al., 2007; Thomas & Mulvey, 2008; Watson, 1988). For example, poetry was used for students and their teacher to reflect on the subject of oppression and how it relates to their personal and professional life. In this way poetry assisted to bridge theory (Critical Social Theory) with practice (Lapum, Hamzavi, et al., 2012). Working with creative methods fosters students' and teachers' development of the patterns of knowing (empirical, ethical, personal, aesthetic, and emancipatory) as presented by Piano and Funnel. The creative activities may encourage students and teachers to further engage in discussions that focus on significant topics, such as power imbalance within the healthcare system (healthcare providers, patients, and other caregivers).

The use of arts has shown to foster learning environments that are stimulating, reflective, and safe (Grindle & Dallat, 2001; Lapum, Hamzavi, et al., 2012; McCabe, 2003; Schwind et al., 2012; Schwind, Beanlands, et al., 2014). Cultivating safe learning environments that have been associated with engaging in artistic expression may diminish barriers such as fear, ambiguity, and uncertainty (Casey, 2009; Grindle & Dallat, 2001; Pravil, 2011). Students and teachers supporting such environments may be willing to challenge their assumptions, prevent possible

biases, and openly discuss and share personal practice related experiences. Thus, helping students to gain self-confidence in providing care, problem solving, reflecting, and perceiving situations with a broader perspective (Casey, 2009; Chan, 2012; Chan, 2014; Lapum, Hamzavi, et al., 2012; Mckie, et al, 2008; Schwind, Beanlands, et al., 2014; Whitman & Ross, 2003). Echoing the conversations I shared with Funnel and Piano, I recall talking about the use of visual aids in assisting to teach patients and families. I also remember sharing my artistic instrument, whereby both Funnel and Piano began to visualize the journey of a patient with Cystic Fibrosis through symbols and images (Appendix A).

Furthermore, I feel that the use of arts may accommodate a broader range of individuals with diverse learning and teaching needs/preferences. Learning styles are individual and vary based on one's likes and dislikes relating to a number of factors, such as desired sensory modes (visual, tactual, and auditory) (McEwen & Wills, 2011). Safe learning environments may provide students and teachers insight into how they learn and which learning strategies are most suitable for their needs. Teachers can gain useful information and apply different types of strategies taken from teaching-learning theories based on the back and forth conversations shared during classroom settings, clinical practices, as well as individual written assignments. The integration of arts (role playing, poetry, storytelling) can be used during teaching-learning strategies (i.e. problem-based learning, transformative learning) to better accommodate the varying student profiles (mature students, students from different cultural backgrounds, students with learning disabilities etc.) (Chan, 2012; Chan, 2014; Lapum, Hamzavi, et al., 2012; McEwen & Wills, 2011; Schwind, Beanlands, et al., 2014).

Although arts have been recognized as a useful tool and method for teaching and learning, there is a lack in expertise within this area (Chan, 2014; Cox et al., 2010; Ewing &

Hayden-Miles, 2011; Grindle & Dallat, 2011; Lapum, Hamzavi, et al., 2012). Findings from my study support further exploration of arts and its integration in nursing and medical schools which may be incorporated into lesson planning to better assist students in understanding human experiences as well as develop observational skills (McLean, 2006). I believe that workshops can be offered to faculty members, providing them with information on the use of art for teaching-learning purposes. This may support and encourage faculty members' emancipatory knowing, as they can utilize innovative ways to combine course material with art, which can be shared with others (i.e. faculty colleagues, their students). Once creative approaches are established, it is necessary to ensure the inclusion of an ongoing evaluation process for both teachers and students.

Practice

During my study and from my own experiences, I recognize the positive benefits of arts in healthcare, which have been presented in Chapter Two. The use of arts has offered ways for healthcare providers to gain awareness into their personal and professional development (Lapum, Ruttonsha, et al., 2012; Parsons & Boydell, 2012; Schwind et al., 2012; Schwind & Lindsay, 2008; Schwind, Lindsay, et al, 2014; Tokolahi, 2010; Wald et al, 2010; Webster et al., 2009). Piano and Funnel express the benefits of arts as it relates to: encouraging greater self-awareness and personal knowing increasing the level of communication and advocacy skills (building therapeutic relationships), fostering the importance of providing quality of care (listening to patients needs and wishes), and expressing empathy to patients and their families (understanding their fears and concerns).

Arts have been used to facilitate healthcare providers' ability to interact with others through non-traditional ways of sharing knowledge, learning, teaching, and building rapport with

practice coworkers, patients, and families (Chan, 2014; Cox et al., 2010; Lapum, Ruttonsha, et al., 2012). Similarly, healthcare providers and patents have used arts in the healthcare system to foster communication (McCaffrey & Purnell, 2007), and for therapeutic purposes (relaxation, expressing emotions) (Guillemin, 2004; McCaffrey & Purnell, 2007; Robinson, 2007a; Robinson, 2007b). Arts are also used to promote health and build a greater understanding of health related experiences (Cox et al., 2010, Dupuis et al., 2011; Ewing & Hayden-Miles, 2011; Fitzgerald, 2007; Lapum, Ruttonsha, et al., 2012; Lapum et al., 2014; Mckie et al., 2007; Price et al., 2007; Ryan & Schindel Martin 2011; Thomas & Mulvey 2008). Furthermore, the arts have been used for teaching-learning and reflective practices (Casey, 2009; Dickerson & DeSilets, 2010; Grindle & Dallat, 2001; John, 1995; Price et al., 2007; Schwind, 2003; Schwind, 2008; Schwind et al., 2012; Schwind, Beanlands, et al., 2014; Schwind, Lindsay, et al., 2014; Thomas & Mulvey 2008; Whiteman & Rose, 2003). For Piano and Funnel creating their individual artistic instruments allowed them to consider multiple perspectives of their practice (both the patients' and the healthcare providers'), acknowledge aspects of their nurse-patient interactions (communication and empathy), and consider ways to improve their practice situations, as well as recognize the changes that are necessary for them personally and professionally.

Looking back on my study findings and the knowledge gained from the literature, I examine important practice-based issues that unfolded for me as Piano and Funnel shared their stories. In the next section, I explore the areas of empathy, communication, quality of life, power imbalances, personal as well as professional development.

Empathy, quality of life, and communication. My research echoes the current literature related to empathy, quality of life, and communication. Providing patients with empathetic care allows healthcare providers (like Piano and Funnel) to remain sensitive to their patients' priority needs, giving importance to their quality of life, and overall goals (Burhans & Alligood, 2010; Cypress, 2011; Gustafsson & Fagerberg, 2004; Philip & Komesaroff, 2006; Santo et al., 2014). This leads to establishing relationships that are therapeutic and meaningful for patients, families, as well as for healthcare providers. For example, patients who are treated with empathy, as Piano's and Funnel's accounts demonstrate are able to openly express themselves, and so feel a sense of dignity and support from their healthcare providers (Cypress, 2011; McCabe, 2003). It is significant for healthcare providers to be cognizant of their patterns of knowing, as this can assist them in delivering more meaningful care to patients. This can be accomplished by truly listening to learn, thinking critically, and carefully assessing patients' needs that may require further advocacy on, despite the tensions that may arise from differing perspectives between healthcare providers (Cypress, 2011; McCabe, 2003; Pavlish & Ceronsky, 2009). Additionally, it is vital for healthcare providers to recognize the barriers for patients who have difficulties communicating (nonverbal, intubated, experience language difficulties, suffering from losses and unable to express their thoughts). Therefore, using creative means of communication (drawings, writing, and using visual diagrams) can be beneficial for both patients and healthcare providers, thus ensuring patients understand information accurately (Engstrom et al., 2013; Ryan & Schindel Martin, 2011).

Power imbalances. As revealed in Funnel's story, power imbalances still exist within healthcare. Along with the necessity to break down barriers among multidisciplinary teams, healthcare providers need to be more mindful of their own, as well as patients' perspectives of care experiences, since one impacts the other (Aksenchuk, 2013; Allen et al., 2013; Henderson, 2003; McCabe, 2013). It is essential for healthcare providers to be attentive to the way they connect with patients and their families. For example, by providing care that is person-centered, offering a sense of time and presence, and encouraging patients to obtain the autonomy needed to make their own choices, to thus feel empowered, as demonstrated through the conversations between Annie and Funnel (Burhans & Alligood, 2010; McCabe, 2003; Pavlish & Ceronsky 2009). Healthcare providers, like Funnel and Piano who: engage in critical thinking about their practice situations, contemplate on areas for future development (for themselves and others), as well as actively apply their patterns of knowing, such as ethical and emancipatory knowing, will most likely be able to broaden their perspectives on practice care situations.

Personal and professional development. Piano and Funnel gained insight into their personal knowing by addressing the need and importance for self-care and personal development practices for themselves and others (i.e. living a more balanced lifestyle as described by Piano, and making time for themselves). I appreciate how healthcare providers can use arts as an effective way to reflect on their personal and professional practice and development. Such creative processes would allow them to promote discussion of health concepts, make sense of challenging practice situations, explore their feelings, and most importantly learn and improve from their experiences (Deaver & McAuliffe, 2009; Dickerson & DiSilets, 2010; Gustafsson & Fagerberg, 2003; Johns, 1995; Lindsay et al., 2012; Schwind, 2003; Schwind & Lindsay, 2008; Tokolahi, 2008; Wald et al., 2010).

Considerations for practice. I believe there is a need to integrate arts into multidisciplinary teams, which could be facilitated by offering educational opportunities on diverse and relevant topics. For example, individual and multidisciplinary practice based arts-informed workshops (available online and on-site) could assist healthcare providers to better understand their own scope of practice and that of others'. These could be workshops offered in both hospital and community-based settings. Similarly, promoting lunch-and-learn educational opportunities, involving artistic activities may promote facilitated discussions. Topics presented during these learning opportunities would be relevant to diverse healthcare providers. For example, selecting the diagnosis of Cystic Fibrosis, which involves a multidisciplinary team, could generate diverse areas for discussions, providing insight from different perspectives of healthcare (nurses, physiotherapist, physicians, social workers, and others). Additionally, conferences can be better promoted to healthcare providers working in different settings (hospital, community, research) who enjoy working with arts, encouraging collaborative learning and networking. Other benefits that may derive from the patterns of knowing such as emancipatory knowing, can promote further changes, thus improving healthcare practices and policies. Some examples of the types of changes may include breaking barriers in communication, diminishing power imbalances and working towards team-building initiatives.

Research

I recognize the integration of arts in research is still a relatively new concept, yet considerations of its uses reveal valuable discoveries worth exploring (Chan, 2012; Chan, 2014; Lapum, Ruttonsha, et al., 2012; Lapum, Hamzavi, et al., 2012; Schwind, 2008, Schwind, Beanlands, et al., 2014; Schwind, Lindsay, et al., 2014). In the next section I discuss the

significance of integrating arts into research, suggest areas for future studies involving the arts, and consider how integrating art may impact patients and healthcare providers.

Significance of arts in research. Qualitative research methodologies, such as arts-informed Narrative Inquiry, provide an in-depth exploration of human experiences, allowing the researchers to come alongside individuals' lived and/or retold stories, and so to gain an understanding of their life experiences, which have the potential to make a personal and social impact. For example, while conducting my study I gained insight into two nurses' practice-based situations, one in the ICU (Piano) and the other in Palliative/Oncology setting (Funnel). Despite never working in either setting, through our collaborative conversations, I was able to deepen my understanding of Piano's and Funnel's lived and told experiences, which helped me reflect on, and strengthen my own nursing practice. Similarly, Piano and Funnel gained a heighted sense of self-awareness, impacting their ways of knowing for their personal and professional practice. Furthermore, those reading my thesis may also draw meaningful associations to their respective lives, and so impact how they engage in their respective practice. After conversing with Piano and Funnel and reviewing the literature, I feel that an increase in studies that use arts as a tool in different stages of a research process, such as for data analysis and dissemination, would help in reducing the dichotomy between science and art, which still remains visible within educational and clinical practice settings (Boydell, 2011; Dupuis et al., 2011; Fitzgerald, 2007; Guillemin, 2004; Lapum, Ruttonsha, et al., 2012; Lapum et al., 2014).

Research involving the arts in nursing practice has shown value to both healthcare providers and patients. For example, offering insight into how patients experience their illness (Boydell, 2012; Cox et al., 2010; Guillemin, 2004; Lapum, Ruttonsha, et al., 2012; Ryan &

Schindel Martin, 2010; Schwind, 2003) and how patients and their caregivers perceive their own care (Aksenchuk, 2013; Dupuis et al., 2011; Lindsay et al., 2012).

Considerations for future research studies. There is a need to increase research studies that involve different healthcare providers who exhibit an interest in arts. Potential studies may be associated with topics that look at self-care practices (related to areas such as stress, burn out, retention rates, job satisfaction), impact on healthcare providers' fundamental skills (advocacy, communication, and critical thinking), relationship building (patient relationships and the level of integration of a multidisciplinary team), and reflective practice for personal and professional development.

Impacts on healthcare providers. I believe research that incorporates the use of arts can benefit healthcare providers as it may offer them with comfort and confidence in exploring their creativity and so can lead to practice changes across several settings (hospital, community, and other educational institutions). An increased use of arts may also encourage teaching and learning across multidisciplinary teams and in time decrease their uncertainties in sharing experiences with one another, thus providing awareness and appreciation into their own and others' professional scope of practice.

Therefore, future research is unquestionably needed, as it will provide more evidence of the significance behind the integration of arts in healthcare, thus providing a possible increase in funds that better assist arts-informed workshops, and organizations that support artistic activities. These resources are essential as they offer the benefits of integrating arts in diverse practice areas, such as patient care, environments that promote healing, caring for caregivers, community well-being, and education (Society of Arts, 2011, 2013).

When the use of arts in healthcare becomes further acknowledged, I can foresee healthcare providers fostering a culture that validates innovative ideas, facilitates and promotes discussion, encourages critical thinking leading to advocacy, and raises awareness within oneself and others (students, patients, families, policy makers, funding bodies, and regulatory bodies), thus striving to improve healthcare practices.

~

In the next section (Epilogue), I reflect on the development of my own patterns of knowing through my thesis journey.

EPILOGUE

MY RESEARCH CANVAS

I addressed the concept of the Droste effect at the beginning of this thesis, which is visualizing a picture within another picture or a memory within another memory. In other words, it is a story embedded within another story based on individual's endless experiences. I compare this concept to the journey I embarked on by engaging in Piano's and Funnel's lived and told stories. Through our co-constructed experiences, Piano, Funnel, and I conversed about the three-dimensional Narrative Inquiry space: temporality (past, present, future), sociality (interactive relationships), and place (location of our respective work places, and our study location), as it pertains to our personal and professional lives.

I have taken the readers into a creative journey (my artist canvas), which transformed into research exploring Piano's and Funnel's experiences of creating their respective artistic instruments and answering the research question through narrative threads presented in Chapters Seven and Eight (my research canvas). It is my hope that readers uncovered their own meanings, thus embarking on a journey of their own.

From the start of my thesis to the present, I see how far I have come and what I have learned during my study, which I will uncover shortly. I share my own self-as-instrument of care in the form of a tree metaphor (Figure 10), and describe how I have also grown as a nurse and a nurse-researcher through my thesis journey. I began my thesis with a reflection and purposefully end it with the same to illustrate that stories we live and tell are continuous and circular. There is no distinct start or finish, and so, the closing of my thesis has become my new beginning.

My Patterns of Knowing Deepen Through My Thesis Journey

Just like a seed planted in the soil and its aim to absorb nutrients to flourish, I began my study with a purpose to provide nurses, like Piano and Funnel, the opportunity to explore arts in nursing. A quote earlier mentioned in my thesis resonates with me at this time, "Seeing the light in others helps them find light in themselves"(Gayle, 2013). In other words, through Piano's and Funnel's stories, I came to recognize that creating an artistic instrument was significant to their personal and professional lives through our conversations, and to my own. I acknowledge that our experiences differ in terms of temporality (life events of our respective lives over time), sociality (relationships with others), and place (differences in our school placements, educational institutions, and work settings). Yet, we strive passionately toward a similar goal, which is ultimately to build a meaningful connection with those in our care.

I imagine Piano and Funnel as water drops nourishing the seed of arts in nursing to grow into a tree, my metaphoric self-as-instrument of care. Also, I think of the sun as another source of sustenance for my tree to prosper. Despite the fluctuating seasons, the sun will always appear on earth as it serves a vital and powerful purpose in producing life. This reminds me of an earlier mentioned quote "People come into your life for a reason, a season, or a lifetime"(Anonymous, n.d.). I look back on Piano's and Funnel's stories and think deeply about their interaction with their patients, who similarly acquire their own stories. I take a moment to acknowledge how influential lived and told stories are in shaping people's identity and revealing meaning to their lives. I shift my attention back to the collective conversations I had with Piano and Funnel, and realize my patterns of knowing have expanded based on the learning that has come out of my study experience. I visualize each pattern of knowing as a branch that sprouts from my tree (Figure 14).

Figure 14. My Metaphor of Self-As-Instrument of Care

Empirical Knowing

I gained further insight into the qualitative paradigm and its four philosophical assumptions (ontology, epistemology, axiology, and methodology). I expanded my understanding of the significance behind conceptual (three-dimensional Narrative Inquiry space) and theoretical (Patterns of Knowing) frameworks and how they are both applicable and relevant to practice-based situations. Moreover, I advanced my ability to appreciate and implement the different parts of the Narrative Inquiry research process.

Ethical Knowing

I remain cognizant of the ethical codes of conduct, trust, respect, and confidentiality. I ensured to maintain participants' integrity as they conveyed their stories. While Piano and Funnel shared their patient experiences, I reflected on my own. I noticed my perspectives broaden on the moral elements that guide nursing practice, such as advocating for others, respect for human life, deepening empathy for patients, and dignity for both patients and nurses.

Personal Knowing

Before, during, and after I assessed my own biases, feelings, values, and attitudes related to my study experience. I gained self-awareness and insight into my own knowing on both a personal and a professional level. For example, as I interacted with Piano and Funnel I became mindful of my roles, as a nurse, a co-participant, and a researcher.

Aesthetic Knowing

While I listened to and analyzed Piano's and Funnel's stories I gained deeper meaning into my nursing practice and how arts (as a product and a process) can encourage healthcare providers to focus on care that is person-centered and look beyond the medical model of care. I

continue to acknowledge how art can foster and facilitate a meaningful relationship between patients, their families, and the healthcare team.

Emancipatory Knowing

Based on Piano, Funnel and my collaborative experiences of engaging in a creative process, I observe the benefits of implementing arts in nursing at a personal (gaining self-awareness), and professional level (striving to improve my own nurse-patient relationships). I inquisitively ask myself, "What are the next steps? What changes are needed? How can we further integrate the arts into nursing and involve other healthcare providers?" Contemplating these questions I ponder future considerations of art in healthcare practice, education, and research. This experience provides me with a greater appreciation and value for arts in nursing.

When I look back at Piano, Funnel, and my own artistic instruments and selected metaphors the quote "A picture is worth a thousand words" by Napoleon Bonaparte (Brainy Quotes, 2001) echoes in my mind. Through our artistic expressions we all retold stories that were deeply significant to our lives, possibly more than words could express. Likewise, I optimistically anticipate those reading my thesis will recognize and appreciate the relevance behind incorporating arts in nursing. As with other narrative studies, it is my hope and intention that inquiries relating to the arts in nursing continue to multiply from here on in.

Although the patterns of knowing have been separated for the purpose of my thesis and to facilitate readers with an understanding of its application in relation to Piano, Funnel and my own experiences, I believe that all patterns inform our lives and relate to one another. For me, the patterns of knowing come together like wet paint dripping off a poster, whereby all the colours (patterns) seep into one another.

In taking a moment to ponder, art surrounds us from beautiful scenery to directional signs that we heavily rely on (signs on the street, information posted on bulletin boards, gender signs on washroom doors etc.). Whether we choose to acknowledge art or not, it is a significant part of our lives. Moreover, it can be appreciated as a way to communicate with one another, despite our individual differences (culture, language, gender etc.). My hope is that art continues to be used as a valuable tool by acknowledging its power and impact within healthcare practice, education, and research.

APPENDIX A

Artistic Statement: Meanings Behind Each Symbol and Image

The Lungs

A largely affected area of the body for patients with CF.

The Spiders

The spiders represent the invasion of organisms that result into several infections in patients' lungs and body. The green colouring symbolizes the thick mucus that clogs patients' airways producing bacteria to build up and cause lung disease.

The Red Crosses

In the center of the bugs there are red crosses, which symbolize healthcare, as individuals with CF are frequently in and out of hospitals, they become involved with an interdisciplinary team of healthcare providers (i.e. nurses, doctors, physiotherapists, dietitians, social workers, etc.) to help eliminate the reoccurring infections and other concerns that may be underlying patients hospital admissions such as insufficient weight gain.

The Hair

All the colours that have been used in the hair represent different ethnic groups that may be exposed to CF. When you look closely there is DNA strands embedded within the hair, this symbolizes that CF is a disease based on inherited genes. Parents with the CF gene may have one or more children with CF or they may not have any with CF. The image of the face has been left uncoloured, this indicates that despite the occurrence in one particular racial group, CF is not limited to race and can affect anyone with the effected genes.

DNA strands. Cystic fibrosis is a genetic disease that affects both genders, although CF is more prevalent among Caucasians, CF can occur in all racial and ethnic groups (Casier et al.,

2008; The Hospital for Sick Kids, 2009). Genes are known as sections of DNA, which give instructions to our cells for making protein within our bodies (The Hospital for Sick Kids, 2009). The gene for CF affects protein that is normally found in the body's cells. This gene is known as CF transmembrane regulator (Casier et al., 2008; The Hospital for Sick Kids, 2009). The defective gene in CF changes the protein, whose main responsibility is to move the salt in and out of our cells (Casier et al., 2008; The Hospital for Sick Kids, 2009). As a result, this affects the cells that produces mucous and clogs up the bodies system (Casier et al., 2008). For someone to have CF, they must carry two copies of the gene (one from each parent) if they only carry one copy they are known as "carriers" of the gene (The Hospital for Sick Kids, 2009). Carriers do not present with any symptoms of CF and live normal lives. Therefore, being a carrier of CF does mean there is potential to pass on the disease to their children in the future.

The Jail Cell

Due to the measures needed to remain healthy people with CF may experience emotional problems such as depression, anxiety, and may present with other psychological concerns, finding it hard to manage a normal lifestyle (Cystic Fibrosis Canada, 2011; Jessup & Parkinson, 2010; The Hospital for Sick Kids, 2009). They require several medications daily and need to be compliant, as the inability to maintain the medication regime will result in disease progression (Cystic Fibrosis Canada, 2011). For this reason, patients with CF may experience feelings such as isolation, seclusion, loneliness, feeling overwhelmed, etc. (Casier et al., 2008; Jessup & Parkinson, 2010). The jail cell represents the feelings of being confined to treatment regimes. Many patients with CF are discouraged from coming into contact with others individuals diagnosed with CF because of the risks of transmitting infections to one another. Unfortunately, CF patients are unable to make face-to-face friendships with other individuals diagnosed with

CF; therefore this may create other barriers during socialization with children who have never heard of CF (Jessup & Parkinson, 2010).

The coloured labels. These are found inside the jail cell is reflective of the different treatments required by CF patients, which have been coloured coded. Due to the frequency of possible lung infections, bacterial growth, and difficulty breathing, individuals with CF may be given several medications to help reduce the growth of bacteria (refer to the green coloured labels) (The Hospital for Sick Kids, 2009). Within the hospital, drug levels are taken to ensure that patients are receiving the adequate dosage and may require various tests (refer to the labels in red). To reduce their airways from becoming too tight individuals with CF are required to use inhaled medications several times a day to assist them in clearing their lungs, thus permitting them to breathe a little easier. To additionally assist with their breathing, individuals with CF are required to learn physiotherapy techniques and/or be involved with a physiotherapy home program to help them clear their secretions and airways from mucous build up. Some individuals with CF may require oxygen therapy as needed (refer to the labels in blue).

Individuals with CF experience difficulty with their sinuses due to the thickness and obstruction from mucous build up, which creates a place for bacteria to grow and can affect the lungs and sinuses (Cystic Fibrosis Canada, 2011). Moreover, this may cause swelling in the lining of the nose and can make it harder to breathe (Cystic Fibrosis Canada, 2011; The Hospital for Sick Children, 2009). Patients with CF have a build-up of sweat in their bodies, as their sweat glands do not work effectively. When a person a person is too hot they naturally sweat causing salt to leave their bodies, excessive sweating causes water to leave the body and if not managed can lead to dehydration (Cystic Fibrosis Canada, 2011; Marshall-Henry et al., 2003). When

individuals with CF sweat they tend to lose more salt, therefore it is vital to ensure that they add salt in their diets and drink plenty of water to remain hydrated.

The digestive system (mouth, esophagus, stomach, pancreas, liver, gallbladder and intestines) is greatly affected in most individuals with CF (Cystic Fibrosis Canada, 2011). A majority of individuals with CF are required to take enzyme replacement and other medications to assist with the digestion of their food, since their pancreas does not work as efficiently (The Hospital for Sick Kids, 2009). The body's pancreas plays a vital role by secreting digestive enzymes into our small intestine, this process helps us break down our food into smaller pieces so that the body can use it for energy (Marshall-Henry et al., 2003). Furthermore, the pancreas secretes insulin into our bloodstream so that the body can use the sugars as needed (Marshall-Henry et al., 2003). People with CF experience difficulty with this process since their pancreas can become obstructed with mucous; as a result this may stop the enzymes in their body from helping with the digestion of food (Cystic Fibrosis Canada, 2011; The Hospital for Sick Children, 2009). Consequently, this stops the body from digesting fats, proteins, and absorbing essential vitamins. Hence, many individuals with CF have difficulty gaining weight and need to take supplements, require a higher caloric intake, may require feeding tubes during the day and/or night and need to take coated enzymes before, during and after their meals (refer to labels in yellow). Other concerns individuals with CF may experience involve pancreatitis (inflammation of the pancreas), diabetes, liver disease, gallstones, and foul-smelling/greasy stools; all caused by the plugging of mucous build up within their system (The Hospital for Sick Kids, 2009).

The Woman and the Tree

The image of the woman whose body is shaped as a tree and whose arms are branches, symbolize the overall diagnosis/ prognosis of CF. The tree is a symbol of life's sustaining entities as they provide oxygen, shelter, shade, and represents the realities of life verses death. Similarly, for a tree to have these capabilities, it must receive the nourishment needed to grow. Without necessities, such as water, shade, sun etc. the tree would not be able to build its strength to grow and prosper; without such necessaries the tree can easily become uprooted which can symbolize feelings of chaos, disarray, despair, or instability. In my own opinion, for a tree to flourish it needs protection, sustenance, and stability. When looking at a tree, I see maturity; a tree to me symbolizes power and strength. When I think of a tree, I think of it to be a reflection of life's cycle.

I see a tree as similar to a patient with CF. A tree has the potential to grow when nourished and exposed to the right environment. In the same manner, patients with CF have the same potential, which involves staying compliant to their treatment regimen and living in a supported environment. Both the tree and patient with CF have roots, yet they develop their own trunk and branches (i.e. experiences), which allow for more opportunities. Just like a tree, a patient with CF learns how to face hardship, but in the end, they both (the tree and a patient with CF) see the worth and gift of life throughout their challenging journey towards survival.

The Breath

One serious symptom patients living with CF face is their difficulty in breathing. Within "the breath" there are various words that describe several conversations I have had with patients and their families. Some of the topics relate to direct patient care as illustrated by the words: treatment, weight loss, decisions, getting better, isolation, and the whole body. Whereas other

topics draw on different aspects of patients lives, and are presented by words such as: sharing moments, not wasting time, possibilities, conflicting thoughts, mixed feeling (hopeless, angry, worried, anxious, afraid), taking control, and differences between fearing the future and facing it. The diversity in our conversations is what makes my interaction with patients and their families meaningful

The Butterfly

The diagnosis of CF is identified at a very young age (Cystic Fibrosis Canada, 2011). As a child with a complex diagnosis, they experience a quick transition from immature to mature and tend to grasp concepts that other kids their age may not have any comprehension of. Thus, children with CF develop into mature young adults since they have to take on various treatments and recognize the importance of managing their diagnosis for the maintenance of a healthy life and for survival purposes. Individuals with CF go through several transformations in their lifetime, similar to that of a butterfly undergoing the stages of metamorphosis. The butterfly has been used to represent the transition time that children with CF undergo during their lives.

With the extent of this diagnosis, patients with CF need a lot of dedication, discipline, determination, and strength to keep themselves motivated and compliant with their treatments. People with CF need to continue to be hopeful despite the frustrating challenges they face on a daily basis. Individuals with CF may experience different thoughts and feelings, such as worries, fears, anxiety, thoughts about their future etc. Therefore, they need love, support, and hope to cope with the underlying encounters this diagnosis presents them. They need to find ways to create a sense of balance to manage their diagnosis of CF and continue to lead a productive, successful, and happy life to their utmost potential (Jessup & Parkinson, 2010).

The Rosary Beads, Angel, and the Rose

The symbols of rosary beads, an angel, and the rose represent the external and internal coping factors. These can include prayer, love, hope, and relaxation techniques. People with CF may engage in different ways to ensure they stay motivated to cope with the several challenges they may be faced with.

The Scale Tattoo

Individuals with CF are not easily identified by their diagnosis. When looking at a person with CF, what you may notice is that the person requires oxygen or that they may be under weight. Hence, although a person may look physically healthy what is actually happening within their bodies may present a different finding. Therefore an individual with CF may physically look and feel healthy, but when completing tests such as a pulmonary function test (i.e. a group of tests that measure how well the lungs take in and release air and measures how effectively a person moves gases such as oxygen from the atmosphere into the body's circulation) this person may then only discover that they are not as healthy as they had thought (Cystic Fibrosis Canada, 2011; The Hospital for Sick Children, 2009). Thus it is important for a person with CF to find a balance with their disease process. To find balance is not always an easy process and can be frustrating. Nevertheless, balance is an essential way for individuals with CF to manage and cope with their life. Living a balanced life will help to ensure they are not missing out on their aspirations.

The Birds and the Purple Ribbon

The diagnosis of CF has come a long way through research advancements in medication management and education (Cystic Fibrosis Canada, 2011). The average age of patients with CF has been increasing. There are more options available, including transplant options,

advancements in physiotherapy techniques, antibiotics therapies, bronchodilator treatments, and experimental drugs (Cystic Fibrosis Canada, 2011; Taylor, Tsang, & Drabble, 2006). Studies on defects, infections, host defenses, and gastrointestinal diseases along with further advancements to find more effective treatments are currently in place and continue to grow (Cystic Fibrosis Canada, 2011; Taylor et al., 2006). The bird represents options that are offered to patients living with CF today, in comparisons to the past. This allows more choices, self-determination, and encourages patients and their families to impart an optimistic view of their diagnosis. To draw further connection to the image of the bird I have incorporated words within the image. Some of these words include freedom, power, next generation, resources, survival, and new direction. The purple ribbon signifies the increase in awareness and support to raise funds that will assist in future research with hopes of finding a cure for CF.

APPENDIX B

Recruitment Flyer

Learn an innovative way to create your own artistic instrument & apply it to your professional development and nursing practice

- ✓ Do you enjoy engaging in creative work that involves drawing, writing and creative self-expression?
- ✓ Are you currently a nurse enrolled in the Master of Nursing (MN) program at Ryerson University?
- ✓ Are you interested in exploring, applying and sharing innovative and creative approaches in nursing?

If you answered **YES** to any one of the above questions you are eligible to participate in this research study.

The purpose of this research study is to:

- Understand how nurses experience art in nursing and how they apply it to their professional development and practice.
- Explore nurses' process of creating and applying a self-created artistic instrument that can be used for professional development and nursing practice.

What will you be asked to do and how long will you have to participate?

- You will be requested to attend two separate meetings: each will be approximately 2 hours in length and 2 weeks apart.
- During the 2 meetings you will be requested to engage in guided facilitated discussions and independent reflective journal writing pertaining to the study.
- You will be requested to create an art piece (your artistic instrument) and engage in journal writing both of which you will be able to complete at home, at your own pace with researcher's guidance, as needed. Your artistic instrument should not take you longer than three to four hours. You will have 2 weeks to complete this.

Please note: You may choose to use any form of art supplies for this study, however, no reimbursements will be provided for any costs associated with chosen art supplies. Written content in journal entries will be used as a part of study data.

How will you benefit from this study?

You will receive:

- A certificate of participation in a study, which may be used towards your professional development and practice
- $15 gift card from Tim Horton's as a token of appreciation
- An opportunity for you to reflect on meaningful concerns and/or issues in nursing that interest you
- A chance to network with nurses (this study will consist of two participants and the researcher) that have similar interest and explore the arts in an innovative way that connects to nursing.

- An opportunity to express your creativity that can be applied to your nursing practice

This study will be led by an MN Ryerson University Graduate Student as part of the thesis requirements. This study will be conducted on campus at Ryerson University in a specific location based on room availability at the time of the study. Please note: Participation in this study is fully voluntary.

If you are interested in participating in this study, please contact **Neelam Walji,** RN, MN (c) at **nwalji@ryerson.ca**.

APPENDIX C

Email for Recruitment Process

Dear [redacted]

My name is Neelam Walji. I am currently in the Master of Nursing (MN) program at Ryerson University (Thesis stream). My thesis supervisor is Dr. Jasna Schwind. I am in the process of recruiting participants for my thesis titled: *Nurses' experience of creating and applying an artistic instrument in their professional development and practice*.

The purpose of this study is to explore the role of arts in nursing. I will be undertaking a narrative inquiry into understanding the experiences of how nurses create their artistic instrument and what meaning this instrument holds for them in respect to their practice and professional development. This study has been reviewed and accepted by the Ryerson Review Ethics Board.

I am looking to recruit two nurses from our MN program by the first week of January 2013. Once the participants have been recruited, they will be requested to meet with me at Ryerson University for two meetings, each two hours in length. These meetings will be approximately two weeks apart. During this time, participants will be asked to create an art piece (artistic instrument), using their own art supplies, at their own pace. It is not required that participants buy additional supplies for this; however, if they choose to buy additional supplies for their artwork they would not be reimbursed, which is clearly indicated in the recruitment flyer, as well as the consent form.

With your permission, I would like to approach the program administrative assistant to send an email to the MN listserv a copy of my study recruitment flyer to all MN students, so that those who might be interested could contact me. A copy of the recruitment flyer is attached for your review.

If you would like more information regarding my study, please contact me via email at nwalji@ryerson.ca

Thank you in advance for your support and assistance with this process.

Sincerely,
Neelam Walji, RN, BScN
Daphne Cockwell School of Nursing
Ryerson University

APPENDIX D

Consent Form

Dear Participants

You are invited to participate in a research study titled: *Nurses' experience of creating and applying an artistic instrument as professional development and for their practice*. This study is being conducted as part of the requirement of my Master of Nursing (MN) degree at Ryerson University. Prior to consenting to become a participant in this research study, please take the time to carefully read the information provided in this form. Please ask any questions you may have so that you fully understand what you will be asked to do as a participant. After reading all the information you can then decide whether or not you wish to participate in this study. Participating in this study is voluntary. If you need clarification or have any additional questions please contact me, the lead researcher, Neelam Walji at nwalji@ryerson.ca.

Investigators:
Student Principal Investigator: Neelam Walji, RN, MN student, Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto, Ontario
Thesis Supervisor: Dr. Jasna K. Schwind, RN, PhD, Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, Toronto, Ontario.

Purpose of the Study:
This study is designed to understand how nurses experience art in nursing. More specifically, this study will explore the process of how nurses construct their artistic instrument and what meaning this instrument holds for them in regards to their practice and professional development.

Description of the Study:
Your participation in this study will give you the chance to reflect on the way you perceive art being used in nursing. You will be given the opportunity to create your own artistic instrument. I will provide you with examples of arts used in nursing, one of which will be my own creative instrument. I will also provide any clarifications and assist you as needed. You will be able to reflect on your experience of creating your artistic instrument, and will be actively engaged in a discussion on ways you can apply your created artistic instrument to your current/future nursing practice and professional development.

Overview of the Entire study:

This research project will consist of two, two-hour meetings, which will take place on two separate days two weeks apart. During these meetings you will meet with me and one other participant. You will have the opportunity to collectively or independently ask questions prior to, during or after the meetings in person or via email and at any time during the study.

The first meeting will be held in early January 2014, depending on a mutually convenient meeting date and time: the second meeting will be held approximately two weeks later. Meetings

will be held in a study room or a classroom at Ryerson University, outside the Daphne Cockwell School of Nursing physical space.

At the first meeting I will answer any questions you might have about the study. At this time you will be asked to sign the consent form located at the back of this document. Photocopies of the consent form will be provided to you at the second meeting.

During Meeting 1: Approximately 2 hours

1. You will be asked to share your thoughts about art in healthcare and how you have learned and/or taught others about different medical conditions/ illnesses. This will be audiotaped.

2. I will briefly present my own artistic instrument; this will be followed by a guided facilitated discussion. This will include sharing examples of other artistic ideas that I have come across in my research and practice.

3. Throughout this study you will be asked to document/reflect on your process in your provided journal. You will be asked to write about your experience of creating your artistic instrument. Your journal entries will help me gain insight into your experience of what it was like for you to create an artistic instrument. You will not be required to share your journal entries with anyone other than with me, which will be read independently on my own time.

The purpose of journal writing is to ensure that any valuable experience during the research process is captured. Your journal entries will form part of the study data that I will be analyzing. This will help me understand your experience as they occur before, during and after you create your artistic instrument. Therefore, with your consent, your journal entries will be photocopied at the end of the study and will be returned back to you.

Between Meeting 1 and Meeting 2 (on your own time, approximately two weeks)

Within 3 days after meeting 1: you will be asked to email me the area of interest and the medium that you plan to use to create your artistic instrument. The purpose of this email is intended to keep me appraised of your progress and to offer you an opportunity to independently ask any questions you may have at this time.

If you require assistance or have any questions do not hesitate to contact me and/or arrange a meeting with me to discuss this in person to assist you with the creation of your artistic instrument.

The two weeks provided will allow you to have enough time to put thought into your creative piece and utilize your creativity at your own pace. Your artistic instrument should not take you more than three to four hours. You will have more flexibility to use supplies of your choice (e.g. crayons, oil paints, clay, sequence, beads or other creative material).

During Meeting 2: Approximately 2 hours

After approximately two weeks, we will meet again at Ryerson University; the date, room number and time will be sent to you in advance. You will be asked to confirm your attendance via email.

1. You will be invited to share your artistic instrument with me and the other participant, whom you will have met in the first meeting. Additionally, you will be requested to engage in a guided facilitated discussion relating to your experience of creating your artistic instrument, as well as your overall experiences of this study.

Please Note: all meeting discussions will be audio-recorded and transcribed. I will transcribe the recordings after each meeting. All recordings and transcriptions will be kept confidential and will only be accessible to my thesis supervisor and me. Throughout the entire study process, your identity will be protected and will remain anonymous.

After the study is completed, you will receive an email from me of a transcript that includes information gathered from the study on your selected artistic instrument. This email will be sent to you to verify that the information you have provided during the study has been accurately represented. This will give you the opportunity to make any corrections or clarifications. This can be done via email, or in person at Ryerson University.

Risks or Discomforts:
It is not anticipated that you will experience discomfort or distress from participating in this study. Should you feel stressed about completing your artistic instrument, I will be available for you to talk to either in person or by email. However, should you feel discomfort in sharing your art piece with me and the other participant, you will have the option to decline without any negative repercussions to you. If necessary, further assistance would be provided through confidential counselling student support at Ryerson University.

Incentives and Compensation of this study:
You will be provided with a $15 Tim Horton's gift card that you will receive at the beginning of the second meeting. You will also receive a certificate for your participation at the end of the study.

Benefits of the Study:
Your participation in this study may be to explore and peruse your own interest in using arts in nursing, gain knowledge and have fun. However, by your participation in this research study you will contribute to a greater understanding in exploring and promoting the arts within the nursing profession. You will have the opportunity to look at health issues/concerns from different perspectives through examples provided during the research study and by one other participant's artistic instrument that will be shared with you. You will be given the opportunity to explore an issue that is important to you in nursing and have the chance to create your own artistic instrument. Your artistic instrument will remain with you, which you can use in your own nursing practice and professional development.

Confidentiality:
During the study, facilitated discussions will be audio-recorded and transcribed. Journal entries will be photocopied. You will be asked not to put your real name on your journals to ensure that your identity remains confidential and is not associated with your journal entries in any way. No identifying information about you will appear in any report of the research. Information transcribed from your journals and discussions that have been audio-recorded will be referred to using a pseudonym of your choice. All the files will be stored on an encrypted password protected USB stick and placed with other documented information (e.g. photocopies of journal entries) in a locked cabinet in my home office for a period of five years after the study has been completed. At that time all information will be destroyed and disposed of in a confidential manner. This information may be shared with my thesis supervisor; however, it will be kept strictly confidential. You will be asked to respect the confidentiality and privacy of the other participant during the entire process of the study.

Full transcripts will only be accessible to my immediate supervisor, Dr. Jasna K. Schwind. No other thesis committee members will have access to raw data. They may have access to data in a report form, which will not have any identifying information attached. Some of your comments from the interviews may be used word-for-word to present results of the study, but will not be identified to you in anyway. No photographs will be taken of you; with your consent, photograph will be taken of your artwork. Please note that your identity will always remain anonymous, as the actual data collected will be kept separately from any information about your identity.

Cost for Participation:
The only anticipated costs that you may incur for this study may involve your transportation (e.g. bus fare or parking fees) as well as the materials you choose to use to create your artistic instrument. You will not be compensated for these anticipated costs.

Voluntary Nature of Participation:
Your participation in the study is completely voluntary. You may choose to stop participating at any time without penalty. At any point in the study, you may refuse to answer any questions or stop participation altogether. You can request that audio recording be stopped at any time. The decision you make not to participate will not affect you in any way or your relationship with Ryerson University currently or in the future.

Questions about the Study:
If you have any questions about this research study, please contact me via email:
nwalji@ryerson.ca

or

Dr. Jasna K. Schwind
Associate Professor
Daphne Cockwell School of Nursing
Ryerson University
[redacted]

This study has been reviewed by the Ryerson University Research Ethics Board (REB). Ryerson University is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are able to decide if participation is right for them. If you have questions regarding your rights as research participant, you may contact the **Ryerson University Research Ethics Board** for more information

Research Ethics Board
c/o Office of the Vice President, Research and Innovation
Ryerson University
350 Victoria Street
Toronto ON M5B 2K3

Thank you for considering this invitation,
Neelam Walji, RN, BScN
Daphne Cockwell School of Nursing
Ryerson University

Participant Agreement Form

Dear Participant:

By signing below, you are indicating that you have read the information in this consent form and have asked questions regarding the study entitled: *Nurses' experience of creating and applying an artistic instrument as professional development and for their practice* by Neelam Walji, RN, Master of Nursing student of Ryerson University and her thesis supervisor, Dr. Jasna K. Schwind, RN, PhD.

Your signature indicates that you agree voluntarily to be apart of this study and understand that you have the option to withdraw your consent to participate at any time during the study. You will be given a copy of this agreement and understand that by signing this agreement you are not giving up on any of your legal rights.

_____, Toronto Ontario
Name of Participant (please print)

_____ _____
Signature of Participant Date

_____ _____
Signature of Investigator Date

Artistic self-expression i.e. Journal and artistic instrument
By providing your signature below, you are consenting to have your journal and artistic instrument discussed, photocopied, included in the thesis and in any other form of dissemination, such as conference presentations and publications.

_____ _____
Signature of Participant Date

_____ _____
Signature of Investigator Date

Photographs i.e. pictures of your artistic instrument
By providing your signature below, you are consenting to give permission to the researcher to take pictures of your original created artistic instrument.

_____ _____
Signature of Participant Date

_____ _____
Signature of Investigator Date

Dissemination of photographs
By providing your signature below, you are consenting to give permission to the researcher to include the photograph of your artistic instrument in the following forms of dissemination. Please select your preference by making the boxes with a check mark.

a) A photograph of your artistic instrument may be used in the researchers thesis paper.

I approve □ I disapprove□

b) A photograph of your artistic instrument may be used in other forms of dissemination such as conference, presentations, and publications.

I approve □ I disapprove□

_____ _____
Signature of Participant Date

_____ _____
Signature of Investigator Date

Audio-Recording
By providing your signature below, you are consenting to be audio recorded during the study. You understand that you can ask for the audio recording to be stopped at any point during the facilitated discussions and narrative interview. You understand that your words and comments will be transcribed and that you have a choice as to how you would like to be identified within the thesis, and in any other form of dissemination, such as conference, presentations, and publications.

_____ _____
Signature of Participant Date

_____ _____
Signature of Investigator Date

APPENDIX E

Narrative Interview and Journal Guide

The following are possible group interview questions that will be used as prompts to facilitate discussion and reflective journal writing.

During the First Meeting

Participants will be instructed to consider the following (approximately 30 minutes):

- What are your initial thoughts about art in healthcare, and specifically in nursing, coming into this study?
- Share a story of how you learned about different illnesses, such as a chronic illness in your nursing program or from your practice experiences.
- Share a story of how you teach others, such as patients or peers, about different illnesses, such as a chronic illness in your nursing practice.

After presenting my own example of an artistic instrument on Cystic Fibrosis (CF). Participants will be prompted to answer the following (approximately 30 minutes)**:**

- How did you find learning about a chronic illness through an artistic art piece?
- What did you learn or how did this add to what you already know about CF and arts in nursing?
- How did you understand the connection between the art piece and the lived experience of patients with CF?
- How did this impact your understanding about patients living with CF?
- How does engaging in this discussion today affect your practice or thoughts about the arts in nursing?
- What are your thoughts on teaching through a form of art?
- How was this experience for you? (Being presented the artwork and engaging in a discussion with others about it).

Example of Journal Questions:
(Participants will be asked to answer journal entry # 1 questions at the end of the first meeting)

Prior to creating your artistic instrument:

Journal Entry # 1:
(Approximately 20 min at the end of first meeting)

1. Brainstorm/list areas in your practice that are of a concern to you
2. Write down your selected concern/ issue
3. Write down why this is an important concern/issue to you personally and professionally.
4. What type of artistic form will you select to create your artistic instrument?

After creating the artistic instrument:
(Participants will be requested to complete the journal entry #2 questions on their own time at home)

Journal Entry # 2:
(Approximately 20 to 30 minutes to be completed at home)

1. What was this experience like for you? (What did you feel? What were you thinking before and during the creation of your artistic instrument?)
2. How did you experience this process? (Please explain your answer)
3. Did this process have an impact on you personally, while you were creating this piece and after you were done? If so, how? What meanings did this have for you?
4. Were there any challenges during this process? (From the initial time period of the beginning of the study right to the end of the study – i.e. from thinking of an area of interest to actually creating the art piece)
5. What are your thoughts on the piece you have created? (i.e. How do you feel about what you have created?)
6. How do you see this benefitting your practice and/or professional development?

During the Second Meeting:

After participants have presented their work to each other, each participant will be prompted with questions (approximately 40 min). **Some examples include:**

- How was this overall experience for you?
- How do you see yourself using this artistic instrument? (Currently and /or in the future)
- Do you feel that creating this artistic instrument has or will impact your professional development and practice?

During the same meeting, at the end of the study, participants (as a group) will be prompted with questions to facilitate a discussion. Examples of these questions include (approximately 40 min)**:**

- How did you benefit from this research study? (Personally and/or professionally)
- What did you find challenging about creating your artistic instrument?
- What are your thoughts now that you have completed this process? How does it relate or differ from the initial thoughts you had when coming into the study? (Reflect back to the first question you were asked at the beginning of the study)
- How has this experience given you different perspectives on looking at the areas that you addressed or that was presented to you (i.e. a diagnosis of CF, etc.)?
- Do you think other graduate nursing students would benefit from engaging in this process of creating an artistic instrument that could be used in their practice and/or for their professional development?
- Do you think that the use of an artistic instrument could be useful in professional practice?
- Do you think this concept of creating an artistic instrument should be promoted in nursing schools? (If no, please explain. If yes, to whom do you think this should be promoted to? Only nursing students, only faculty members or both)

- Do you think you will use this artistic instrument in the future? If not, please explain. If yes how? (E.g. teaching others)
- Will you create other artistic instruments to implement in your practice in the future? If no, why not? If yes, what other areas/concerns would you base your artistic instrument on?

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